

STARS User Manual

Division of Behavioral Health

Department of Social Services

2014

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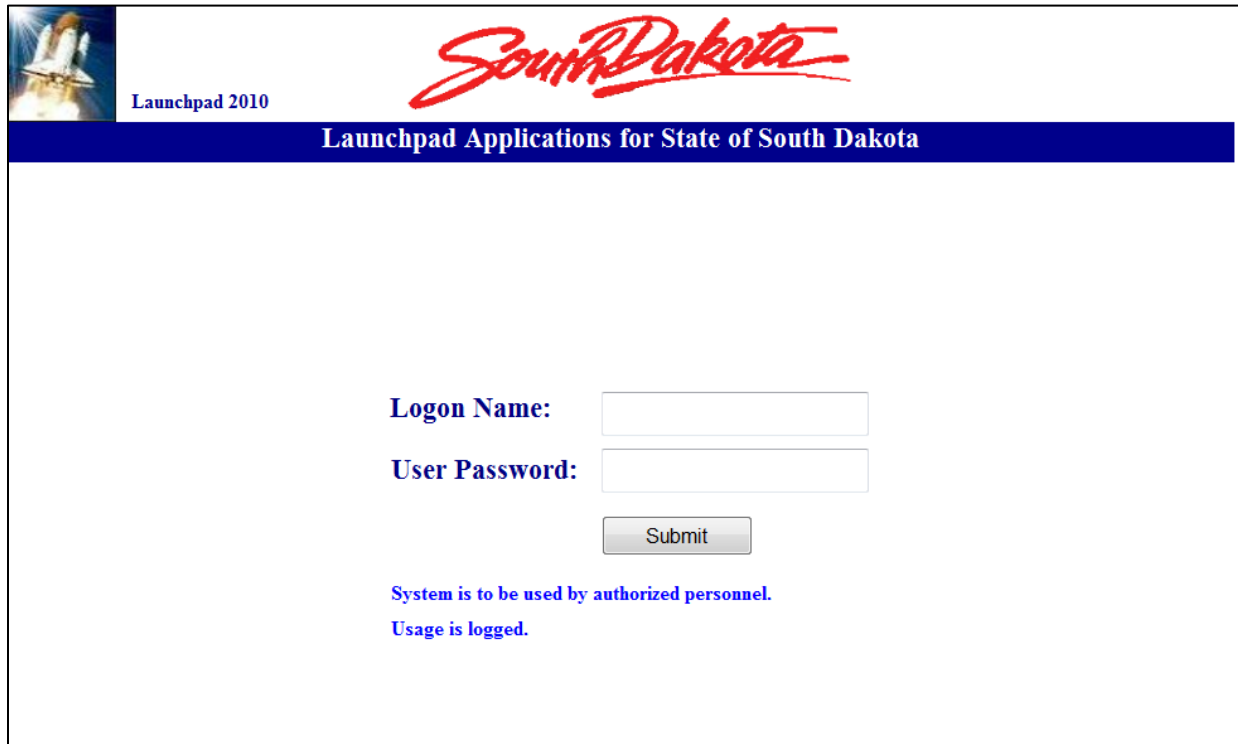
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Part 1

Login Information

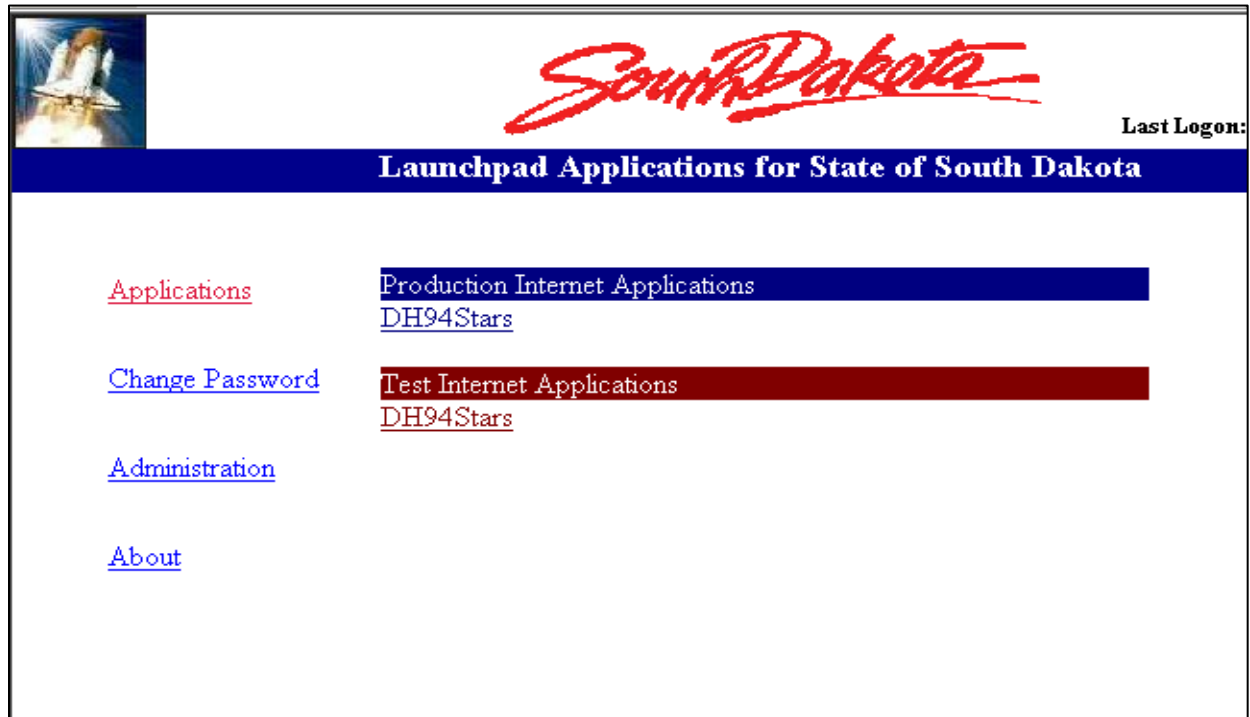
STARS Login Screen



The screenshot shows the STARS Login Screen. At the top left is a small image of a rocket launch with the text "Launchpad 2010". To the right is the "South Dakota" logo in red script. Below these is a dark blue banner with the text "Launchpad Applications for State of South Dakota". The main area is white and contains the login fields: "Logon Name:" followed by a text input box, "User Password:" followed by a text input box, and a "Submit" button below them. At the bottom, there are two lines of blue text: "System is to be used by authorized personnel." and "Usage is logged."

- Enter *Logon Name* and *User Password*.
- *Logon Name* and *User Password* will be provided by the Division of Behavioral Health.
- Once a password has been provided, the user will need to create a new password after logging in.
- If the user loses or forgets their password, please contact the Division of Behavioral Health at (605)773-3123 to obtain a new password.

Application Page



1. Two applications are available. “Production Internet Application”, which is in blue, is used for entering live information with actual clients. The “Test Internet Application” is used for training purposes and the data entered can be made up, which will not be entered into the user’s agency’s live data.
2. “Change Password” is used to select a different password or when the system requires the user to create a new password. Due to HIPAA requirements, passwords are to be renewed every 6 months and STARS will prompt the user when this time period has expired.

Part 2

Providers

Provider List Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

**DH94
STARS**
TEST
Actions
Client Search
Medicaid Exmpt
Providers
Unique ID Mod
Unique ID Merge
Transfers(284)
System Message
Support Tables
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Administration
Reports
About
Close

Provider List

Provider

[Click for ADA Provider Manual](#)
[Click for MH Provider Manual](#)
[Click for STARS Billing Steps and Denial Reasons](#)

Provider Name	Address	City	State	Zip Code
Abbott House Community Services	909 Court Merrill	Mitchell	SD	57301-
Aberdeen Area Youth Regional Treatment Center Chief Gall YRTC	12451 Highway 1806 PO Box 680	Mobridge	SD	57601-
Addiction Family Resources	608 5th Avenue	Belle Fourche	SD	57717-1200
Anpetu Luta Otipi, Oglala Sioux Tribe	Box 275, Hwy 39	Kyle	SD	57752-
Avera McKennan Hospital - Behavior Health Services	800 East 21st St/ PO Box 5045	Sioux Falls	SD	57117-5045
Avera St Luke's Worthmore Addiction Services	305 S. State Street	Aberdeen	SD	57401-1818
Bartels Counseling Services Inc.	101 West 69th Street - Suite 100	Sioux Falls	SD	57108-
Behavior Management System	350 Elk Street	Rapid City	SD	57701-7351
Capital Area Counseling Services Inc	801 E Dakota Ave., PO Box 148	Pierre	SD	57501-0148
Carroll Institute	310 South 1st Avenue	Sioux Falls	SD	57104-6329
Choices Recovery Services Inc	2701 South Minnesota Avenue, Suite 6	Sioux Falls	SD	57105-
Community Counseling Services	357 Kansas SE	Huron	SD	57350-
Counseling Resources	707 East 41st Suite 205	Sioux Falls	SD	57105-6050
Dakota Counseling Institute	910 West Havens	Mitchell	SD	57301-3831
Dr Mark Rontrener Inc	525 5th Street SE, Suite	Watertown	SD	57201-

1. Provider information is accessed by clicking on "Providers" under the "Actions" menu on the left hand side of the screen.
2. Double clicking on a provider under the "Provider Name" will open the "ProviderInfo" screen.
3. The list of providers, as seen on the "Provider List" screen, will only be those that the user/administrator has been assigned access to from the Division of Behavioral Health.

Provider Information Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

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Provider Info Provider's Satellite Office(s) Provider's Medicaid # Provider's Capacity Info Provider's ADA Counselors Provider's Logo

[Click for STARS Billing Steps and Denial Reasons](#) [Click for ADA Provider Manual](#)
[Click for MH Provider Manual](#)

Provider Name
Behavior Management System ☒ ADA ☒ MH

Main Phone #
605 - 343 - 7552 ☒ Electronic 835 Remittance

Facility Approval Status Accreditation Date
Yes

Street Address Zip City State
350 Elk Street 57701 - 7351 Rapid City SD

FEIN # Group # 1099 Code NPI # ISATS #
460251185 1295878122 SD000081

SDAS Vendor Number Active
12030341 ☒

Save Cancel

125%

1. The "Provider Info" screen is accessed by clicking on "Provider" under "Actions" on the left side of the screen and then double clicking on the provider's name listed on the "Provider List" screen.
2. The "Provider Info" tab is viewed only by providers. Providers will need to contact the Division of Behavioral Health if any corrections/changes need to be made.
3. The "Cancel" button will return to the "Provider List" screen.
4. Clicking on the dark blue links for "MH Provider Manual" or "ADA Provider Manual" will allow the user to view the STARS Manual online.
5. Clicking on the dark blue link for "STARS Billing Steps and Denial Reasons" will allow the use to view steps for billing and denial reasons online.

Provider's Satellite Office(s) Screen

Provider: Behavior Management System

Provider's Satellite Office Records

Satellite Office	Phone	Address	City	State	Zip Code	Active
Behavior Management Systems - Northern Hills	1(605)642-2777	623 Dahl Road	Spearfish	SD	57783-	X
Behavior Management Systems - Southern Hills	1(605)745-6222	Canyon View Circle, #3	Hot Springs	SD	57747-	X

Add Edit Cancel

1. The "Provider Satellite Office(s)" screen can be accessed through the following steps: Click on "Providers" under "Actions" on the left side of the screen and double click on the provider's name listed on the "Provider List" screen.
2. Click on the "Provider's Satellite Office(s)" tab located on the top menu bar, which will open up the above screen.
3. Satellite information must be added by the provider.
4. The "Add" button will open a new "Provider Satellite Office Records" screen.
5. To edit an existing Satellite Office record, highlight the record and then click on the "Edit" button and the screen will open to the "Provider Satellite Office Record".
6. To delete an existing satellite office record, highlight the record that is to be deleted and click on the "Delete" button to remove the satellite office information. **Note: If there are any connections tied to the satellite office such as billing, etc., the deletion will not occur.**
7. The "Cancel" button will return the user to the "Provider List" screen.
8. The "Add", "Edit", and "Delete" buttons will be enabled based on provider assigned user security.

Provider's Satellite Office(s) Detail Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS
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Provider Info **Provider's Satellite Office(s)** Provider's Medicaid # Provider's Capacity Info Provider's ADA Counselors Provider's Logo

Provider: Behavior Management System

Provider's Satellite Office Records

Satellite Info Satellite's Capacity Info

Satellite Office
Behavior Management Systems - Northern Hills ☐ ADA ☒ MH [Click for ADA Provider Manual](#)
[Click for MH Provider Manual](#)
[Click for STARS Billing Steps and Denial Reasons](#)

Main Phone #
605 - 642 - 2777

Street Address Zip City State
623 Dahl Road 57783 Spearfish SD

Active
☒

Save Cancel

125%

1. The "Provider's Satellite Office(s)" detail screen can be accessed by double clicking on the provider name in the "Provider Satellite Office(s)" screen.
2. Click the "Add" button to enter new satellite information or the "Edit" button to change current satellite information. Satellite information can only be entered by the provider.
3. The "Satellite Office" field should be identified as ADA, MH, or both.
4. The "Save" button will save the provider's satellite information.
5. The "Cancel" button will take the user back to the "Provider's Satellite Office(s)" screen.

Satellite's Capacity Information Screen –ADA Only

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS TEST

Actions
Client Search
Medicaid Exmpt
Providers
Unique ID Mod
Unique ID Merge
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Support Tables
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Close

Provider Info **Provider's Satellite Office(s)** Provider's Medicaid # Provider's Capacity Info Provider's ADA Counselors Provider's Logo

Provider: Northern Hills Alcohol and Drug Services Inc

Provider's Satellite Office Records

Satellite Info **Satellite's Capacity Info**

Client Capacity %	ASAM Level of Care/Specific Pgm
90	III.7 - Adult medically-monitored intensive inpatient treatment program

Add Edit Delete Cancel

125%

1. Click on “Providers” under “Actions” on the left side of this screen. Then from the “Providers List” screen, double click on the name of the provider. Then click on the “Provider’s Satellite Office(s)” tab. Double click on the name of the satellite office’s name, which will open the “Satellite Info” screen.
2. The provider’s “Satellite Capacity Info” tab is located on the top menu bar. **Note: If a provider is MH only, the “Satellite Capacity Info” tab will not be enabled.**
3. Click on the “Satellite’s Capacity Info” tab which will reveal the Satellite’s capacity records on this page if previously entered. Records in red indicate capacity at 90% or greater.
4. The “Cancel” button will return the user to the “Provider’s Satellite’s List” screen.
5. The “Edit” button will be enabled based on assigned user security.

Satellite's Capacity Information Detail Screen –ADA Only

Provider: Southern Hills Alcohol and Drug Referral Center

Provider's Satellite Office Records

Satellite Info **Satellite's Capacity Info**

Date: 01/27/2014

ASAM Level of Care/Specific Pgm: II.1 - Adult intensive outpatient treatment

Enter Current ASAM Level Capacity Percentage (%): 100

Date Agency Reached 90% of Capacity: 10/10/2006

Date Agency Expects to be under 90% Capacity: 6/1/2007

Date Agency is under 90% Capacity: 01/27/2014

Save Cancel

1. To add a record on the above screen indicating 90% or greater capacity, click on the “Add” button on the “Satellite Capacity Info” screen. This will open up a new “Satellite Capacity Info” detail screen.
2. Enter the correct date if different than the default date being listed on the screen.
3. Enter the “ASAM Level of Care/Specific Pgm” from the drop down box which is at 90% or greater.
4. “Enter Current ASAM level Capacity Percentage (%)”, i.e., 92.
5. Enter the “Date Agency Reached 90% of Capacity”, i.e., mm/dd/yyyy.
6. Enter the “Date Agency Expects to be under 90% Capacity”, i.e., mm/dd/yyyy.
7. When the above information is entered and correct, click on the “Save” button. This will return the user to the “Satellite Capacity Info” screen where the record will be highlighted in red.

8. To enter the “Date Agency is under 90% Capacity”, return to the “Satellite Capacity Info” screen, highlight the ASAM Level and click on the “Edit” button. This will return the user to the “Satellite Capacity Info” detail screen.
9. The only text box enabled that information can be entered into is the “Date Agency is under 90% Capacity”. Enter the date (mm/dd/yyyy), and click on the “Save” button.
10. The “Save” button will return to the “Satellite Capacity Info” screen where the record will no longer be highlighted in red.
11. The “Cancel” button will return the user to the “Provider List” screen.
12. The “Add” button will be enabled based on assigned user security.

Provider's Medicaid # Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS TEST

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Provider Info Provider's Satellite Office(s) **Provider's Medicaid #** Provider's Capacity Info Provider's ADA Counselors Provider's Logo

Provider:

Provider's Medicaid Records

Provider	Medicaid Numbers	Taxonomy Code
ADA	5000330	101YA0400X
MH	5200110	261QM0801X
MH	5255110	261QM0855X
MH	5256110	101YM0800X
MH	5261110	261QM0850X
MH	6550620	
MH	6552760	
MH	6552770	
MH	6552780	
MH	6571620	
MH	6820312	
MH	6826733	
MH	6829902	
MH	7100104	
MH	7102730	

125%

1. "Provider Medicaid #" screen is accessed by clicking on "Providers" under "Actions" on the side menu and double clicking on the provider name listed on the "Provider List" screen, then choosing the "Provider's Medicaid #" tab located along the top of the page.
2. The "Add" button on the above screen will open the "Provider's Medicaid #" detail screen. Add the "Provider Medicaid Number" and "Taxonomy Code". **Also, indicate either ADA or MH by clicking on the appropriate check box. It cannot be both.**
3. The "Edit" button on the above screen will open up the "Provider's Medicaid #" detail screen in order to edit the provider's Medicaid number record.
4. To delete a Medicaid record, highlight the record and then click on the "Delete" button. If any billings are attached to the Medicaid record, the deletion will not occur. **Note: Deletion permission will be based on the user security level assigned.**
5. The "Cancel" button will return the user to the "Provider List" screen.

Provider's Medicaid # Detail Screen

The screenshot shows a web browser window titled "MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota". The application is "DH94 STARS" and the user is in "TEST" mode. The left sidebar contains a menu with "Actions" (Client Search, Medicaid Exmpt, Providers, Unique ID Mod, Unique ID Merge, Transfers(284), System Message, Support Tables, Utilities, Administration, Reports, About, Close). The main content area has tabs for "Provider Info", "Provider's Satellite Office(s)", "Provider's Medicaid #", "Provider's Capacity Info", "Provider's ADA Counselors", and "Provider's Logo". The "Provider's Medicaid #" tab is active. It shows a "Provider:" field with "Dakota Counseling Institute". Below is the "Provider's Medicaid Records" section. It has checkboxes for "ADA" (checked) and "MH" (unchecked). There are two input fields: "Provider Medicaid Number:" with the value "5000330" and "Taxonomy Code:" with the value "101YA0400X". At the bottom right are "Save" and "Cancel" buttons. The browser status bar shows "125%" zoom.

1. To access the "Provider's Medicaid #" detail screen click on the "Add" tab on the "Provider's Medicaid #" screen.
2. To edit a record, highlight the record on the "Provider's Medicaid #" screen and then click on the "Edit" button which will open up the above screen. **Indicate either ADA or MH by clicking on the appropriate check box. It cannot be both.**
3. The "Save" button will save the provider's Medicaid information.
4. The "Cancel" button will return the user to the "Provider's Medicaid #" screen.

Provider's Capacity Information Screen – ADA Only

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS
TEST

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Provider:

Provider's Capacity Records

Client Capacity %	ASAM Level of Care/Specific Pgm
100	III.7 - Adult medically-monitored intensive inpatient treatment program
90	II.1 & III.1 - Low intensity residential slip slot
90	III.1 - Clinically managed low-intensity residential program
90	I.0 - Local group counseling
90	II.1 - Adult intensive outpatient treatment

125%

Note: As required by Contract Attachment, the provider shall document in STARS when the provider has reached 90% capacity for any of the ASAM funding levels of treatment. After the agency falls below the 90% capacity for the given ASAM Level, the provider will need to return to the “Provider’s Capacity Info” screen and enter this date and save the record.

1. To access the “Provider Capacity Info” screen, click on “Providers” under the “Actions” menu. The “Provider List” screen will appear. Double click on the provider’s name.
2. The “Provider Info” screen will open. Select the “Provider’s Capacity Info” tab located on the top menu bar. **Note: If the provider is MH only, the “Provider’s Capacity Info” tab will not be enabled.**
3. Click on the “Provider’s Capacity Info” tab which will open the “Provider’s Capacity Records” screen where previously entered provider capacity records will be shown. Records highlighted in red indicate capacity of 90% or greater.
4. To add a record indicating 90% or greater capacity, click on the “Add” button.
5. To enter the date when the agency is no longer at 90% capacity, click on the “Edit” button and enter the date on the “Provider’s Capacity Records” detail screen. The current

date will be the default and can be changed by deleting and entering the correct date if it is different from today's date.

6. The "Cancel" button will return the user to the "Provider List" screen.
7. The "Add" and "Edit" buttons will be enabled based on assigned user security.

Provider's Capacity Information Detail Screen –ADA Only

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Provider Info	Provider's Satellite Office(s)	Provider's Medicaid #	Provider's Capacity Info	Provider's ADA Counselors	Provider's Logo
---------------	--------------------------------	-----------------------	--------------------------	---------------------------	-----------------

Provider: Dakota Counseling Institute

Provider's Capacity Records

Date: 5/15/2013

ASAM Level of Care/Specific Pgm: III.7 - Adult medically-monitored intensive inpatient treatment program

Enter Current ASAM Level Capacity Percentage (%): 100

Date Agency Reached 90% of Capacity: 5/15/2013

Date Agency Expects to be under 90% Capacity: 5/16/2013

Date Agency is under 90% Capacity: 05/15/2013

Save Cancel

125%

1. To add a record on the above screen indicating 90% or greater capacity, click the “Add” button on the “Provider’s Capacity Info” screen and this will open up the “Provider’s Capacity Records” screen.
2. Enter the correct date if different than the default date being listed on the screen.
3. Enter the “ASAM Level of Care/Specific Pgm” from the drop down which is at 90% or greater.
4. “Enter Current ASAM Level Capacity Percentage (%)”, i.e., 92.
5. Enter the “Date Agency Reached 90% of Capacity”, i.e., mm/dd/yyyy.
6. Enter the “Date Agency Expects to be below 90% Capacity”, i.e., mm/dd/yyyy.
7. When the above information is entered and correct, click on the “Save” button. This will return to the “Provider’s Capacity Info” screen where the record will be highlighted in red.

8. To enter the date when the provider is below 90% capacity, return to the “Provider Capacity Info” screen, highlight the “ASAM level of Care/Specific Pgm” and click on the “Edit” button. This will return the provider to the “Provider’s Capacity Records” detail screen.
9. The only text box enabled that information can be entered into is the “Date Agency is under 90% Capacity”. Enter the date (mm/dd/yyyy) and click on the “Save” button.
10. The “Save” button will return the provider to the “Provider Capacity Info” screen where the record will no longer be highlighted in red.
11. The “Cancel” button will return the user to the “Provider List” screen.

Provider's ADA Counselors Screen- ADA Only

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Provider:

Provider's ADA Counselors

Last Name	First Name	Email Address	Credential	Active?
Allen	Christine	c.allen@dakotacounseling.net	Other Support Staff - Trainee	Y
Boltjes	Wanda	w.boltjes@dakotacounseling.net	Other Support Staff - Trainee	Y
Brooks	Stephanie	s.brooks@dakotacounseling.net	Counselor - Trainee	Y
Buckland	Dennis	d.buckland@dakotacounseling.net	Counselor - Level 2	Y
Callies	Nichole	n.callies@dakotacounseling.net	Other Support Staff - Trainee	Y
Habermann	Brenda	b.habermann@dakotacounseling.net	Counselor - Trainee	Y
Kems	Joan	j.kems@dakotacounseling.net	Other Support Staff - Trainee	Y
Lewis	Linetta	l.lewis@dakotacounseling.net	Counselor - Level 3	Y
Malters	Christina	c.malters@dakotacounseling.net	Counselor - Level 3	Y
Nath	Jon	j.nath@dakotacounseling.net	Counselor - Level 3	Y
Oetken	Janae	j.oetken@dakotacounseling.net	Clinical Supervisor - Level 3	Y
Oyen	LaNae		Counselor - Level 3	Y
Sterling-Layne	Raelene BA	r.sterlinglayne@dakotacounseling.net	Counselor - Level 3	Y
Vilhauer	Emily		Counselor - Trainee	Y
VonEye	Karen	k.voneye@dakotacounseling.net	Counselor - Level 3	Y
Weidner	Tiffany	t.weidner@dakotacounseling.net	Counselor - Level 2	Y
Wingert	Katherine		Counselor - Trainee	Y

Buttons: Add, Edit, Show In-Active, Cancel

125%

1. **Note: If the provider is only a MH provider, this tab will be disabled.** Records are added by the Providers' Administration.
2. To access this screen from the "Action" menu, click on "Providers" located on the left side menu bar. Then from the "Provider List" screen, double click on the name of the provider.
3. Click on the "Provider's ADA Counselors" tab which opens up the "Provider's ADA Counselor's" detail screen where the provider's counselors are listed.
4. To add a counselor's information, click on the "Add" button which will open up the "Provider's ADA Counselors" detail screen.
5. To edit a counselor's information, click on the "Edit" button which will open the "Provider's ADA Counselors" detail screen.
6. To see an inactive counselor's information, click on the "Show In-Active" button. The Provider's ADA Counselors" detail screen will appear with the counselor's name and other information.
7. The "Cancel" button will return the user to the "Provider List" screen.
8. The "Add" and "Edit" buttons will be enabled based on assigned user security.

Provider's ADA Counselors Detail Screen

https://apps.sd.gov/?UID=mfo1aucaqpt4basfd2zlohwt15922107 - MainMenu Frameset - Windows Internet Explorer provided by State of

DH94 STARS
Production

Actions
Client Search
MH: Impact
MH: Util. Rvw
Medicaid Exmpt
Providers
Unique ID Mod
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Provider Info Provider's Satellite Office(s) Provider's Medicaid # Provider's Capacity Info **Provider's ADA Counselors** Provider's Logo

Provider: Avera McKennan Hospital - Behavior Health Services

Provider's ADA Counselors

Active
☒ Yes ☐ No

First Name: Tandra Last Name: Baker

Email Address: tandra.baker@mckennan.org Credentials: Counselor

Counselor Level: Level 3 Explain Other:

Save Cancel

1. To add a counselor's information, click on the "Add" button on the bottom of the "Provider's ADA Counselors" screen. This will open up the "Provider's ADA Counselors" detail screen. Complete the information and click on the "Save" button. The screen will then return to the user to the "Provider's ADA Counselors" screen.
2. To edit a counselor's information, highlight the counselor's name on the "Provider's ADA Counselors" screen and then click the "Edit" button which opens up the "Provider's ADA Counselors" detail screen. Make the necessary changes and click the "Save" button, which will then return the user to the "Provider's ADA Counselor's" screen.
3. **Once a counselor has been entered into the system and saved, the user cannot remove this person. If the counselor no longer works for the agency, change the counselor's "Active" status from "Yes" to "No".**
4. Click on the "Cancel" button to return to the "Provider List" screen.

Part 3

Client Search

Client Search Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

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Client Search

Providers: **Abbott House Community Services** ☐ Show All (State Funded)

Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First Name:

Local ID: UniqueID:

Last Name: First Name:

Unique ID	Last Name	First Name	Provider	Local ID
-----------	-----------	------------	----------	----------

125%

1. To access the “Client Search” screen begin from the “Actions” menu. Click “Client Search”, which opens up the “Client Search” screen.
2. Providers will only see the clients they have entered.
3. To conduct a client search, one of the following identification criteria must be entered into the fields:
 - a. **Unique ID** (last 4 digits of the SSN, DOB, Sex and First 2 characters of Mother’s first name.)
 - b. **Local ID** (This sequence can be determined and assigned by the Provider)
 - c. **Name** (Minimum of first 2 letters of Last Name, Optional First Name)
4. After one or more of the above search information fields are entered, click on the “Search” button and the results will appear on the screen.

Client Search Screen

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[Close](#)

Client Search

Providers: ☐ Show All (State Funded)

Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First Name:

Local ID: UniqueID:

Last Name: First Name:

Unique ID	Last Name	First Name	Provider	Local ID
828911151960MAL			Behavior Management System	26281293
453905251990FKA			Behavior Management System	25517525
793807262003MEM			Behavior Management System	25522467
688411222001FKJ			Behavior Management System	25519641
377202012007MAM			Behavior Management System	25524543
712809101970FJE			Behavior Management System	25523774
064611041998FTR			Behavior Management System	26260090
784106031986FMA			Behavior Management System	26260239
566306121969FSH			Behavior Management System	25524898
720401131965FJU			Behavior Management System	25520227
826601111972FJA			Behavior Management System	26704815
791302061990FJO			Behavior Management System	26258938
079707261976MDE			Behavior Management System	25519902
195104301980FDE			Behavior Management System	25523229
464605151959FFA			Behavior Management System	25519509
262301011978MCA			Behavior Management System	80001031
768708271984MDA			Behavior Management System	25523732
456804101997MMA			Behavior Management System	25524568

1. Once the client is located, highlight the record identified on the “Client Search” screen. Then click on either the “MH-Admissions” or “ADA-Admissions” button to locate the client from their respective prior admission(s). **If the agency is a single provider, only one of these buttons will be enabled on the screen.**
2. When clicking on the MH or ADA admission buttons, either the “ADA or MH Admission/Readmission” screen will open up and list any prior admission(s) for the client.
3. To add a new client from the above screen, enter the unique ID information and first and last name of the client, and then click on the “Add Client” button. The “Client Information” screen will then open up to be completed.
4. To see the most recent client information on a client, highlight the record and then click on the “Most Recent” button which opens up the “Client Information” screen to view this information.

5. To delete a client's information, highlight the record and then click on the "Delete" button. **If there is any billing information attached to the record, the deletion will not occur.**
6. The "Cancel" button on the "Client Search" screen will return the user to the "STARS Application Page."
7. The "Add Client", "Delete", "MH-Admission", and "ADA-Admission" buttons will be enabled based on assigned security.

Adding a New Client

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS TEST

Client Search

Providers: **Abbott House Community Services** ☐ Show All (State Funded)

Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First Name:

Local ID: UniqueID:

Last Name: First Name:

Unique ID	Last Name	First Name	Provider	Local ID
-----------	-----------	------------	----------	----------

125%

1. Under the “Actions” menu on the left hand side, click on “Client Search”.
2. Enter the Unique ID information:
 - a. Last 4 digits of the social security number. **If the provider cannot locate the last 4 digits of the SSN, please contact the Division of Behavioral Health at (605)773-3123.**
 - b. Date of Birth
 - c. Gender
 - d. First two initials of Mother’s **FIRST** name. **If the provider cannot locate the first two initials of mother’s first name, please contact the Division of Behavioral Health at (605)773-3123 and one will be generated.**
 - e. Enter the first and last name of the individual.
3. Click on the “Add Client” button at the bottom of the screen.
4. This will bring up the “Client Information” screen.

Note: To assist in those instances where the correct information cannot be obtained, the Division of Behavioral Health has developed a “work-around” program to assign the last four digits of the

social security number field and/or mother's first two initials. This program will be maintained by the Division of Behavioral Health, with access only by Division staff. Even though there is a work-around program, this is only to be used as a last resort when the unique ID information cannot be obtained.

Every opportunity should be researched and explored prior to contacting the Division of Behavioral Health.

The process for receiving an assigned work-around is as follows:

- 1) Providers must make every reasonable effort to obtain the last four digits of the social security number or the first two initials of the mother's first name for an individual prior to contacting the Division of Behavioral Health.
- 2) If the last four digits of the social security number or the first two initials of the mother's first name cannot be obtained, please contact the Division at (605)773-3123.

ATTENTION

When adding a new client, STARS will not accept 0001 or 9999 for the last four digits of the Social Security number (SSN) or XX for the mother's first two initials. Since there is a chance someone's SSN could end in 0001, the agency will need to contact the Division to have the Unique ID entered into STARS. Once the Division enters the client, the provider can then maintain the record.

ADA: Admission/Readmission

DH94 STARS
Production

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MH: Impact
MH: Util. Rvw
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Client Search

Providers: **Human Services Center Adult Chemical Dependency Treatment Program - Gateway** ☐ Show All (State Funded)

Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First Name:

Local ID: UniqueID:

Last Name: **abr** First Name: **am**

Unique ID	Last Name	First Name	Provider	Local ID
988706191983FLY			Human Services Center Adult Chemical Dependency Treatment Program - Gateway	57341-02

1. First, search for the client on the “Client Search” screen, highlight the record and click on the “ADA - Admissions” button located at the bottom of the screen.

The screenshot shows a web application window titled "ADA: Admission/ReAdmission for: 988706191983FLY". The browser address bar shows "https://apps.sd.gov/?UID=mfo1aucaqpt4basfd2zlohwt15922107 - MainMenu Frameset - Windows Internet Explorer provided by State of".

Left Sidebar (DH94 STARS):

- Production
- Actions
 - Client Search
 - MH: Impact
 - MH: Util. Rvw
 - Medicaid Exmpt
 - Providers
 - Unique ID Mod
 - Unique ID Merge
 - Transfers(244)
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 - Reports
 - About
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Main Content Area:

Pend	Admission Date	Provider	Satellite Office	Discharge Date
False	12/08/2008	Human Services Center Adult Chemical Dependency Treatment Program - Gateway		01/13/2009
False	10/22/2008	Human Services Center Adult Chemical Dependency Treatment Program - Gateway		10/23/2008

Below the table is a "Show Details" link and a search bar. At the bottom are buttons for "Add", "Edit", "Delete", and "Cancel".

The above screen will open and reveal all previous admission records for that selected client.

2. **To add a new admission record for a client with a previous admission,** click on the "Add" button and the "Client Information" screen will open with the client's previous information being listed. Make necessary changes and click on the "Save" button located on the bottom menu in order to save the record. Then click on the "ADA" tab located on the top menu bar. This will open up the "ADA Adm Info" screen and once again the information from the previous admission will be listed on the screen. However, it will be placed in the "Pending" mode. This will permit any changes to take place and once the record has been updated, click the "Save" button.

MH: Admission/Readmission

https://apps.sd.gov/?UID=jilawadpjybbzmjwz1rufy105149342 - MainMenu Frameset - Windows Internet Explorer provided by State of

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MH: Admission/ReAdmission for: 521603011980MSU

Date	Program	Provider	Orig Service Date	Discharge Date
5/9/2011	IMPACT	Southeastern Behavioral Healthcare	5/9/2011	

Show Details

Add Edit Delete Cancel

125%

1. Search for client on the “Client Search” screen, highlight the client and click on the “MH-Admissions” button at the bottom of the screen. The above screen will display the previous and current admissions.
2. To add a new admission, click on the “Add” button. **If there is a previous admission record with no discharge information, said admission record will need to be deleted or the discharge information will need to be added before creating a new admission record.**
3. To edit a record, either highlight the client and click the “Edit” button or double click on the client’s record. The “Client Information” screen will open and changes can be made. Click the “Save” button to save any changes.
4. To delete a record, highlight the record and click on the “Delete” button. **A deletion will not occur if any of the following conditions are met:**
 - a. If there are transfer records.
 - b. If there are any services after the admission date and before the discharge date. (This includes Non-contract, Contract or Title XIX billings.)

https://apps.sd.gov/?UID=jilawadpjiybbzmjnz1rufoy105149342 - MainMenu Frameset - Windows Internet Explorer provided by State of

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MH: Admission/ReAdmission for: 521603011980MSU

Date	Program	Provider	Orig Service Date	Discharge Date
5/9/2011	IMPACT	Southeastern Behavioral Healthcare	5/9/2011	

[Show Details](#)

Admission Information

Admission Date: 5/9/2011 ☒ *ROI+ ☐ Revoked ROI Revoked Date: Status/Condition: 55

Employment Status: Unemployed Not in Labor Force: Not Applicable Employment Length: 16-20 years

Adult Living Arrangement: Alone/Independent living Child/Adol. Living Arrangement: Marital Status: Never Married Veteran Status: No

Referral: Court/Criminal Justice Referral Detailed Criminal Justice Referral: Attorney Education Level: 12 ☐ Enrolled in Spec Ed

Discharge Information

Reason Discharged: Employment Status at Discharge:

Living Arrangement at Discharge: Progress Toward CSP Goals at Discharge: Status/Condition at Discharge:

MH Provider Referred to at Discharge:

[Add](#) [Edit](#) [Delete](#) [Cancel](#)

125%

5. By clicking on the dark purple, “Show Details” will bring up the above screen

Note:

- **Provider Administration can add, edit, delete or cancel a MH Admission Record.**
- **Provider users can add, edit, or cancel –they cannot delete a record.**

Unique ID Modification

The screenshot shows a web browser window with the URL <https://apps.sd.gov/?UID=jilawadpjybbzmwmjz1rufy113325592>. The page title is "MainMenu Frameset - Windows Internet Explorer provided by State of". The application is titled "DH94 STARS" and is in "Production" mode. A sidebar on the left lists "Actions" including "Client Search", "MH: Waiting List", "Providers", "Unique ID Mod" (highlighted), "Unique ID Merge", "Transfers", "System Message", "Support Tables", "Utilities", "Reports", "About", and "Close". The main content area is titled "Unique ID Modification" and contains a "Providers:" dropdown menu. Below this are four sections for entering Unique ID information, each with fields for "Last 4 of SSN", "DOB", "Sex", and "First 2 Characters of Mother First Name":

- Unique ID**
- Correct Unique ID**
- Re Enter Unique ID**
- Re Enter Correct Unique ID**

At the bottom right of the form are two buttons: "Modify Unique ID" and "Cancel". The browser status bar at the bottom right shows "125%" zoom.

1. Select the provider the Unique ID is attached to.
2. Enter the Incorrect Unique ID in the first field.
3. Enter the Updated Unique ID in the next field.
4. Repeat steps 2 and 3 for the "Re Enter Unique ID" fields.
5. Click on the "Modify Unique ID" button to save the changes.
6. The "Cancel" button will return the user to the "Client Search" screen.

Unique ID Merge

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Duplicate UniqueID


Provider:
Abbott House Community Services

Unique ID
Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First name:

Duplicate Unique ID
Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First name:

List of UniqueIDs which match either on name, SSN, or Medicaid or a combination of thereof

Unique ID	name	Duplicate UniqueID	Match	Dup name
-----------	------	--------------------	-------	----------

Click icon  to select UniqueIDs

History Check UniqueIDs entered above Cancel

1. Start by selecting “Unique ID Merge” from the “Actions” menu.

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Duplicate UniqueID

Provider:









Unique ID


Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First name:

Duplicate Unique ID


Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First name:

List of UniqueIDs which match either on name, SSN, or Medicaid or a combination of thereof

Unique ID	name	Duplicate UniqueID	Match	Dup r
 835004101981FGA		835004101981FEA	SSN, Name	Larry,
 377003171961MDE		377003171961MBQ	SSN, Name	LYON
 946603021968MFL		546603021968MFL	Name	GOD:
 976304101968FMA		976304101968FSH	SSN, Name	Nave,
 054609201982MBE		956801191971MWI	Name	Johns
 858708031988MPE		976908131954MFR	Name	Munk
 391408161983MST		319408161983MST	Name	LECC
 581310211975FBA		707410141975FKI	Name	Paas

Click icon  to select UniqueIDs History Check UniqueIDs entered above Cancel

125%

- Select the provider name and a list of duplicated unique ID's will appear.
Note: The "Match" column will describe the matching points between the correct and incorrect unique ID fields.
- Providers will need to review the names and unique ID's listed on the screen to determine the correct unique ID.
- When the correct unique ID has been identified for an individual client, select the client record by clicking on the  symbol.

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TEST

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Duplicate UniqueID Detail

Provider: Carroll Institute

Unique ID	name	Duplicate UniqueID	name
224805081985MLO		224805081985MPA	

Are you sure you want to proceed with combining (incorrect unique id) '224805081985MPA' into (correct unique id) '224805081985MLO'? Only Admin level staff can make this change (ADAProviderAdmin, MHProviderAdmin.....)

Print Proceed Edit Client 1 Edit Client 2 Swap Clients Cancel

https://appstest.sd.gov/Applications/DH94Stars/Secure/DH94DupUniqueID/DH94DupUniqueIDDetail.aspx?UID=vvurtwg0auwrowi02bogna5pl02557928 125%

1. Once selected, the “Duplicated UniqueID Detail” screen will appear.

Note: If a red box is received, proceed on page 40

2

Are you sure you want to proceed with combining (incorrect unique id) '224805081985MPA' into (correct unique id) '224805081985MLO'? Only Admin level staff can make this change (ADAProviderAdmin, MHProviderAdmin.....)

2. Review the green message box. This screen indicates unique ID number 22480508185MPA is the incorrect unique ID number. By clicking the “Proceed” button, the client records listed under the incorrect ID number will be merged into the correct unique ID.
 - a. Incorrect Unique ID: 224805081985MPA
 - b. Correct Unique ID: 224805081985MLO

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Duplicate UniqueID Detail

Provider
Carroll Institute

Unique ID	name	Duplicate UniqueID	name
224805081985MLO		224805081985MPA	

Are you sure you want to proceed with combining (incorrect unique id) '224805081985MPA' into (correct unique id) '224805081985MLO'? Only Admin level staff can make this change (ADAProviderAdmin, MHProviderAdmin.....)

PrintProceedEdit Client 1Edit Client 2Swap ClientsCancel

<https://appstest.sd.gov/Applications/DH94Stars/Secure/DH94DupUniqueID/DH94DupUniqueIDDetail.aspx?UID=vvurtwg0auwvowi02bogna5pl02557928> 125%

1. If the incorrect unique ID is identified as the correct unique ID, click on the “Swap Clients” button. This will reverse the message box and allow the incorrect unique ID to be merged into the correct unique ID.
2. When the correct unique ID has been identified and the incorrect unique ID identified, click the “Proceed” button to complete the unique ID merge.
3. Once the merge has been completed, the screen will return to the main “Duplicate UniqueID” screen.

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Duplicate UniqueID Detail

Provider
Carroll Institute

Unique ID	name	Duplicate UniqueID	name
835004101981FGA		835004101981FEA	

Overlapping ADA Admission Discharge records

Admission Date	Discharge Date	Admission Date (2)	Discharge Date (2)
6/1/2005		5/23/2005	7/20/2005

All ADA Admission and Discharge records can not be transferred from 835004101981FGA to 835004101981FEA as there are overlapping dates. Please note that any transfers associated with the listed admissions will not be transferred.

If you proceed with combining the unique id's all the listed overlapping records from the (incorrect unique id) '835004101981FEA' will not be transferred and will be deleted. This COULD CAUSE PROBLEMS with future billings. The deleted records can not be recovered. Please review these closely and correct any overlaps before combining the unique ids. Only ADASStateAdmin or MHStateAdmin can proceed with this change as long as these overlaps exist.

Print Proceed Edit Client 1 Edit Client 2 Swap Clients Cancel

Note: If a message in red appears, a unique ID modification must be completed by the Division of Behavioral Health. Please see directions below for this instance.

1. When completing a unique ID merge and the red box appears, please contact the Division of Behavioral Health STARS Specialist.
 - Email Breinne Baltzer at Breinne.baltzer@state.sd.us or fax at (605) 773-7076 containing the following information:
 - Provider Name
 - Client Name
 - Correct Unique ID Number
 - Incorrect Unique ID Number

Part 4

General Information

Client Information Screen

1. Unique ID information will be pulled automatically from the “Client Search” screen where the client was added.
2. For all **Title XIX and Contract** funded individuals, the following information must be entered on the screen above:
 - a. First Name
 - b. Last Name
 - c. Medicaid Number (If individual is Medicaid Eligible). This is a nine digit number.
 - d. Social Security Number. (If the provider cannot obtain the client’s SSN, contact the Division of Behavioral Health at (605) 773-3123.)
 - e. Street Address. (If individual is homeless, the provider must enter “homeless” in address section and enter city and zip code that services will be provided.)
 - f. Zip Code. (When entering Zip Code, STARS will automatically complete the city and county of residence. Corrections are allowed if necessary.)
 - g. MH or ADA Source of Payment. (If the client’s source of payment is Title XIX or Contract, a release of information is required. The ROI checkbox must be checked.)
 - h. Ethnicity

- i. English Proficiency
 - j. Primary Race (Secondary or tertiary race is not required, but information should be provided if available.)
3. **Self-Pay/Private Pay or Other 3rd Party** source of payment clients require only the fields associated with unique ID, county, state, MH source of payment or ADA source of payment, primary race, ethnicity and English proficiency.
 4. Fields for Mother's, Father's, and Guardian's information are for adolescent clients only.
 5. Clicking on the "Cancel" button will take the user back to the "Client Search" screen.
 6. Clicking on the "Print" button will allow the user to print out the client information screen.

Services

https://apps.sd.gov/?UID=mfo1aucaqpt4basfd2zlohwt15922107 - MainMenu Frameset - Windows Internet Explorer provided by State of

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General Info **MH** **ADA I** **ADA II**

Client Info **Service(s)** Income Eligibility Hrdshp/Adm Rvw

Unique ID: Local ID: 57341-02 First Name: MI: L Last Name: MH: Adm Date: ADA: Adm Date: Provider: Human Services Center Adult Chemical Dependency Treatment

Client's Service(s)

All Paid or Reported Services Denied Contract Claims All Replaced or Voided Claims All Services of Selected Claim

Div	From	To	# Units	Paid Amt	Date Paid	Fund Src.	CPT/Modifier(s)
ADA	1/1/2009	1/13/2009	13	\$0.00		Non-Contract	H0019
ADA	12/8/2008	12/31/2008	24	\$0.00		Non-Contract	H0019
ADA	10/22/2008	10/23/2008	1	\$0.00		Non-Contract	H0019

Group By Claim Edit Delete Summary Report Cancel

125%

The “Services” screen can be accessed from the “Client Search” screen. First locate the client, and double click on the client’s record. This opens up the “Client Information” screen. The “Service(s)” tab is located on the top menu bar.

1. Clicking on the “Service(s)” tab will open up the above screen.
2. This screen will display Contract, Non-Contract, and Title XIX services billed within a 3 year time frame.
3. Clicking on the “Edit” button will allow providers to edit any non-contract service fields (services from date, services to date, number of units , CPT/modifier, and place of service).
4. The “Delete” button will only delete a selected non-contract service.
5. The “Summary Report” button will provide a report on all services provided to the client for a selected time frame.
6. Clicking on the “Cancel” button will return the user to the “Client Search” screen.

Services Detail Screen

The “Services” detail screen can only be viewed or printed.

1. The “Services” detail screen provides information on a client’s billing information. Specifically, whether ADA or MH claims were billed, total units, date services from and date services to, unit length, rate of service, paid amount, and funding source.
2. Information is also available on contract number, CPT/modifier used, mental health status, place of service, claims status, service reference number, and Title XIX reference number.
3. The “Print” button will allow users to print this page.
4. The “Cancel” button will take the user back to the “Services List” screen.

Income Eligibility

1. The “Income Eligibility” screen can be accessed by clicking on the “General Info” tab at the top of the screen. Then click on the “Income Eligibility” tab.
2. To add a new record, click on the “Add” button at the bottom of the screen. **When completing the “Annual Net Inc” field, numerals must be positive.**
3. To edit an existing record, highlight the record and then click on the “Edit” button which will open up the “Income Eligibility” detail screen. Make the necessary changes and click on the “Save” button to save the information.
4. To delete an existing record, click on the “Delete” button in which a pop up message will ask, “Are you sure you want to delete?” Click on “Yes” to delete the record. **If there are any contract services in the STARS claims table, the deletion will not occur.**
5. The “Cancel” button will take the user back to the “Client Search” screen.
6. The “Add”, “Edit”, and “Delete” buttons will be enabled based on assigned user security.

Income Eligibility Detail Screen

DH94 STARS
TEST

Actions:
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[Medicaid Exmpt](#)
[Providers](#)
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[Transfers\(284\)](#)
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General Info | **MH** | **ADA I** | **ADA II**

Client Info | Service(s) | **Income Eligibility** | Hrdshp/Adm Pvw

Unique ID: Local ID: First Name: MI: Last Name:
 MH: Adm Date: 4/6/2013 ADA: Adm Date: Provider: Behavior Management System

Client's Income Eligibility Record(s)

Household Size	Annual Income
1	\$21,257.00
2	\$28,694.00
3	\$36,131.00
4	\$43,568.00
5	\$51,005.00
6	\$58,442.00
7	\$65,879.00
8	\$73,316.00
9	\$80,753.00
10	\$88,190.00

Start Intake Date: 04/07/2013
 Annual Review Date: 4/7/2014
 Annual Net Income: \$0
 Number in Household: 4

*** 101 Eligible ***

[Click for Dual Means 101](#)
[Click for Dual Means 102A](#)
[Click for Dual Means 102B](#)

Show History Save Cancel

1. To add a new record, click on the “Add” button on the “Income Eligibility” screen. A new record may be added on the above screen.
2. Enter the “Start Intake Date”. The “Annual Review Date” will automatically be entered for exactly one year later. If the “Annual Review Date” is entered manually, it cannot be more than 1 year and 30 days later than the “Start Intake Date”.
3. Enter the “Annual Net Income” in positive numbers and then the “Number in Household”. Click on the “Save” button to save the record and return to the “Income Eligibility” screen. The “Income Eligibility” screen will verify either “Yes” or “No” regarding the client’s eligibility.
4. The “Cancel” button will return the provider to the “Income Eligibility” screen.
5. The dark blue “Dual Means” on the lower left side of the screen will open up the respective form when selected.

Hardship/Administration Review Screen

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DH94 STARS TEST

Actions

- Client Search
- Medicaid Exmpt Providers
- Unique ID Mod
- Unique ID Merge Transfers(284)
- System Message
- Support Tables
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General Info | **MH** | **ADA I** | **ADA II**

Client Info | Service(s) | Income Eligibility | **Hrdshp/Adm Rvw**

Unique ID: Local ID: First Name: MI: Last Name:

MH: Adm Date: 4/6/2013 ADA: Adm Date: Provider: Behavior Management System

Client's Hardship Admin Review Record(s)

Division	Hrdshp From	Hrdshp To	Hardship Denied	Admin Apprvd From	Admin Apprvd To	Admin Denied
----------	-------------	-----------	-----------------	-------------------	-----------------	--------------

Add Edit Delete Cancel

The above screen is a “View Only” for Providers.

The “Hardship/Admin Review” screen pertains to a client in which an application for Hardship Consideration was submitted to the Division of Behavioral Health. Hardship information regarding when it is appropriate to apply can be found on the second page of the Financial Eligibility101 form.

If there are questions regarding Means Testing or Hardship Considerations please contact:

DBH Means/Hardship Contact: Jennifer Humphrey
Email: Jennifer.Humphrey@state.sd.us
Phone: (605) 773-3123

The information on the screen will either include an approval with the length of time in which the client has been approved for hardship funding, or the date the Division of Behavioral Health denied funding.

To access the “Hardship/Admin Review” screen the following steps are required:

1. Locate the client from the “Client Search” screen, and highlight the client record.
2. Click on the “Most Recent” button located on the bottom menu of the “Client Search” screen which opens the “Client Information” screen.

3. Provided the client had an income record completed, the “Hardship/Adm Review” tab will be enabled. By clicking on this tab, the “Hardship/Admin Review” screen will open up for viewing. The “Cancel” button will return the user to the “Client Search” screen.

Hardship/Administration Review Detail Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS TEST

Actions

- Client Search
- Medicaid Exmpt
- Providers
- Unique ID Mod
- Unique ID Merge
- Transfers(284)
- System Message
- Support Tables
- Utilities
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- Reports
- About
- Close

General Info | MH | ADA I | ADA II

Client Info | Service(s) | Income Eligibility | Hrdshp/Adm Rvw

Unique ID: Local ID: First Name: MI: Last Name:

MH: Adm Date: 4/6/2013 ADA: Adm Date: Provider: Behavior Management System

Client's Hardship Admin Review Record(s)

Hardship Information

☒ ADA ☐ MH

Approved From:

Approved To:

Denied Date: 01/27/2014

Admin Review Information

Admin Rvw Approved From:

Admin Rvw Approved To:

Admin Review Denied:

Save Cancel

This screen is for State Administration Staff; therefore the following instructions do not pertain to the provider.

1. Access this screen by clicking on “Hardship/Admin Review” tab.
2. To add a record, click on the “Add” button to open up and add a client’s “Hardship/Admin Review” detail screen.
3. To edit a record, click on the “Edit” button to open up and edit a client’s Hardship/Admin Review” detail screen.
4. To delete a record, single highlight the record on the “Hardship/Admin Review” screen, then click the “Delete” button. A prompt will ask if the record is to be deleted and click on “Yes” to delete.
5. The “Cancel” button will return the user to the “Hardship/Admin Review” screen.

Part 5

Mental Health

MH Admission Information

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS IIST

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Unique ID Mod
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General Info **MH** **ADA I** **ADA II**

MH Adm/Dia Info MH Pgm Trftr MH DSM Diag MH ImpactInfo Impact Quarterly Rpt Life Self-Assessment

Unique ID: Local ID: First Name: MI: Last Name: MH Adm Date: 11/23/2009 ADA Adm Date: Provider: Southeastern Behavioral Healthcare

Client's MH: Admission Record(s)

Admission Information

Orig. Svc Date: 11/23/2009 Admission Date: 11/23/2009 ☒ ROI ☐ Revoked ROI Revoked Date: Status Condition: 43

Employment Status: Unemployed Not in Labor Force Emp/UnEmp Length: 2-4 years

Adult Living Arrangement: With Other Family Member Child/Adol Living Arrangement: Homeless

Marital Status: Never Married Veteran Status: No Program: Outpatient

Referral: Other Health Care Provider Detailed Criminal Justice Referral: Education Level: 12 Enrolled in Spec Ed: ☐

Discharge Information

Discharge Date: 5/18/2010 Reason Discharged: Other Employment Status at Discharge: Unemployed

Living Arrangement at Discharge: Independent Living Homeless at Discharge:

Progress Toward CSP Goals at Discharge: Fair Status/Condition at Discharge: 43

Referrals:

<input type="checkbox"/> Alcohol & Drug Provider	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Medical Physician	<input type="checkbox"/> Circuit Court 1
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> Attorney	<input type="checkbox"/> Public Health Nurse	<input type="checkbox"/> Circuit Court 2
<input type="checkbox"/> Other Mental Health Provider	<input type="checkbox"/> Parolee Services	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Circuit Court 3
<input type="checkbox"/> Department of Corrections	<input type="checkbox"/> Other	<input type="checkbox"/> Veterans Administration	<input type="checkbox"/> Circuit Court 4
<input type="checkbox"/> Corrections based substance abuse pgms	<input type="checkbox"/> Clergy	<input type="checkbox"/> AA/Alanon/Alateen	<input type="checkbox"/> Circuit Court 5
<input type="checkbox"/> Division of Alcohol & Drug Abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Gamblers Anonymous	<input type="checkbox"/> Circuit Court 6
<input type="checkbox"/> Other Social Services	<input type="checkbox"/> Employer	<input type="checkbox"/> Narcotics Anonymous	<input type="checkbox"/> Circuit Court 7
<input type="checkbox"/> Department of Social Services	<input type="checkbox"/> School	<input type="checkbox"/> Vocational Rehabilitation	
<input type="checkbox"/> Bureau of Indian Affairs	<input type="checkbox"/> Family Friends	<input checked="" type="checkbox"/> No Referral Made	

MH Provider Referred to at Discharge:

Transfer Client Info Transfer Admission Info

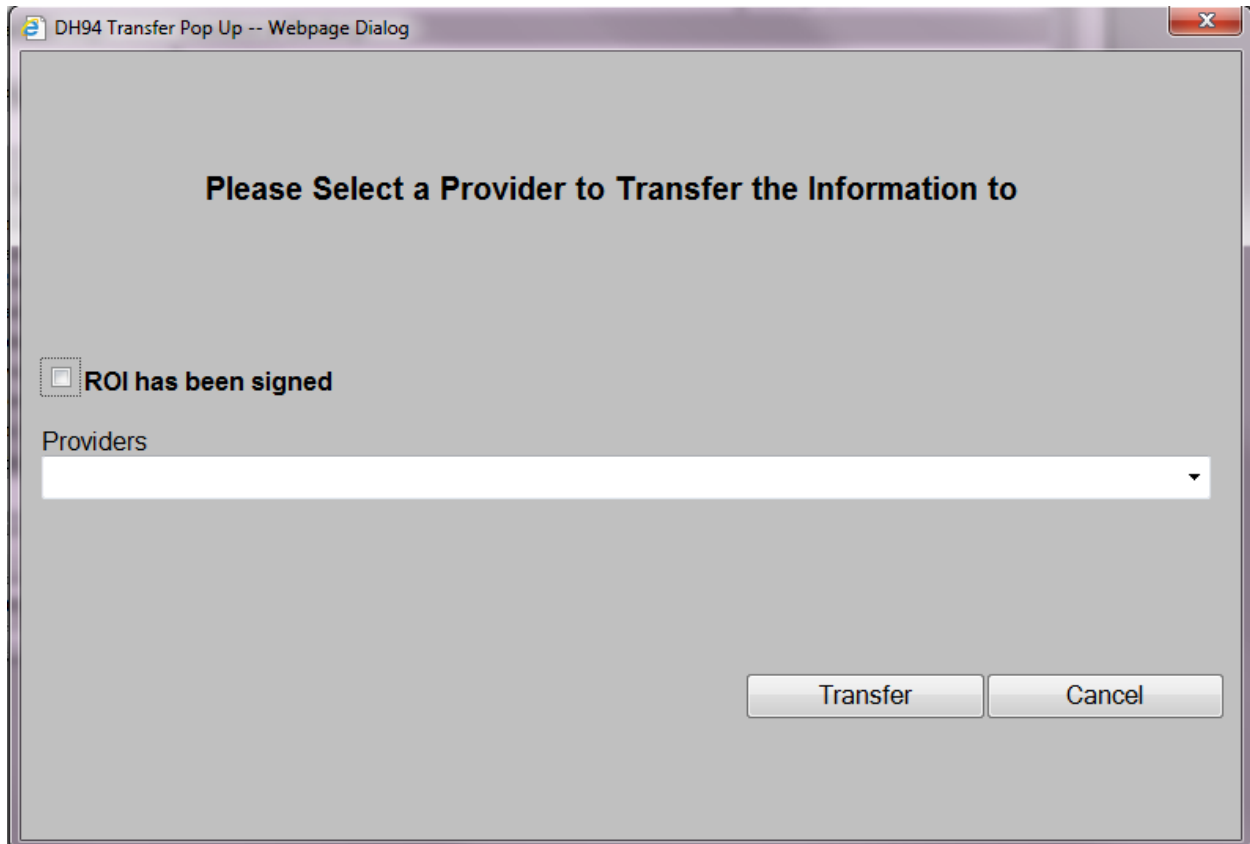
Show History Save Cancel

1. “Original Service Date” is the date the client **FIRST** started services with the provider.
2. “Admission Date” is the date of specific admission of the client to a specific program. This date will automatically populate the field with the current date. **Note: Admission date must be greater than or equal to the original services date.**
3. All fields in the “MH Admission Information” screen are required.
4. “Revoked Date” is completed only if the client refused to sign the Release of Information.
5. “Status/Condition” refers to the Global Assessment of Functioning (GAF) score upon the client’s entrance into services. The GAF must be a number from 0 to 100.
6. The “Save” button will save all information entered into the “MH Admission Information” screen.
7. The “Cancel” button will take the user back to the “Client Search” screen.

MH Discharge Information

1. All Fields in the “MH Discharge Information” screen are required fields.
2. If “Community Mental Health Center” is checked in the “Referrals” section, the provider must indicate the Community Mental Health Center (CMHC) the client is being referred to under “MH Provider Referred to at Discharge”.
3. The “Transfer Client Info” button is used to transfer the client’s information from one CMHC to another.
4. The “Transfer Admission Info” button is used to transfer the admission information from one CMHC to another.
5. The “Save” button will save information entered into the “MH Admission/Discharge Info” screen.
6. The “Cancel” button will return the user to the “Client Search” screen.

Transfer of Individual



The screenshot shows a web browser dialog box titled "DH94 Transfer Pop Up -- Webpage Dialog". The main text inside the dialog is "Please Select a Provider to Transfer the Information to". Below this text is a checkbox labeled "ROI has been signed". Underneath the checkbox is a text input field labeled "Providers". At the bottom right of the dialog are two buttons: "Transfer" and "Cancel".

- A release of information must be signed by the individual and the above box checked prior to transferring client information.
- A provider can transfer client information, admission information, or both to a new provider. **The CMHC receiving the transferred information must update and save the record.**

The "Cancel" button will cancel the transfer and return the user to the "Admission/Discharge Info" screen.

MH Program Transfer

https://apps.sd.gov/?UID=jilawadpjbzbzmjnz1rufy16245773 - MainMenu Frameset - Windows Internet Explorer provided by State of

DH94 STARS
Production

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General Info | **MH** | ADA I | ADA II

MH Adm/Dis Info | **MH Pgm Trftr** | MH DSM Diag | MH Impact/Info | Impact Quarterly Rpt | Life Self-Assessment

Unique ID: Local ID: 20525569 First Name: MI: Last Name:
MH: Adm Date: 11/23/2009 ADA: Adm Date: Provider: Southeastern Behavioral Healthcare

Client's MH: Program Transfer Record(s)

Start Date	Program
11/23/2009	Outpatient

Add Edit Delete Cancel

1. The “Add” button will add a program transfer to the client’s records.
2. The “Edit” button will allow the user to edit previous transfers.
3. The “Delete” button will allow the user to delete a program transfer.
4. The “Cancel” button will take the user back to the “Client Search” screen.

MH Program Transfer Detail Screen

The screenshot shows a web browser window displaying the DH94 STARS application. The URL is <https://apps.sd.gov/?UID=jilawadpybbzmwmz1rufoyl61648280>. The application has a sidebar menu on the left with the following items: **Production**, **Actions**, **Client Search**, **MH: Waiting List**, **Providers**, **Unique ID Mod**, **Unique ID Merge**, **Transfers**, **System Message**, **Support Tables**, **Utilities**, **Reports**, **About**, and **Close**. The main content area has a tabbed interface with the following tabs: **General Info**, **MH** (selected), **ADA I**, and **ADA II**. Under the **MH** tab, there are sub-tabs: **MH Adm/Dis Info**, **MH Pgm Trftr** (selected), **MH DSM Diag**, **MH Impact/Info**, **Impact Quarterly Rpt**, and **Life Self-Assessment**. The form contains the following fields: **Unique ID:** [text box], **Local ID:** 20526929, **First Name:** [text box], **MI:** [text box], **Last Name:** [text box], **MH: Adm Date:** 5/9/2011, **ADA: Adm Date:** [text box], and **Provider:** Southeastern Behavioral Healthcare. Below these fields is the section **Client's MH: Program Transfer Record(s)**. This section contains two sub-sections: **Previous Transfer Information** and **Transfer Info**. The **Previous Transfer Information** sub-section has a **Date:** 05/09/2011 and a **Program:** IMPACT dropdown menu. The **Transfer Info** sub-section has a **Date:** 02/05/2014 and a **Program:** dropdown menu. At the bottom right of the form are **Save** and **Cancel** buttons. The browser window title is "MainMenu Frameset - Windows Internet Explorer provided by State of".

1. When adding a record make sure the dates do not overlap. The date on the program transfer must be greater than or equal to any other program transfer date field.
2. The “Save” button will save the program transfer information.
3. The “Cancel” button will cancel the program transfer and return the user to the “MH Program Transfer” screen.

MH DSM Diagnosis

https://apps.sd.gov/?UID=jilawadpjybbzmwmz1rufoy161648280 - MainMenu Frameset - Windows Internet Explorer provided by State of

DH94 STARS
Production

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General Info | **MH** | **ADA I** | **ADA II**

MH Adm/Dis Info | MH Pgm Trfstr | **MH DSM Diag** | MH Impact/Info | Impact Quarterly Rpt | Life Self-Assessment

Unique ID: Local ID: 20526929 First Name: MI: Last Name:
 MH: Adm Date: 5/9/2011 ADA: Adm Date: Provider: Southeastern Behavioral Healthcare

Client's MH: DSM Diagnosis Record(s)

Start Date	Axis I (a)	Axis II (a)	Axis I (b)	Axis II (b)	Mental Health Status	Co-Occurrence
5/9/2011	296.40				Adult with SPMI	Unknown

Add Edit Delete Cancel

125%

1. The “Add” button will take the provider to the “MH DSM Diagnosis” detail screen in order to add the client’s diagnosis.
2. The “Edit” button will go to the “MH DSM Diagnosis” detail screen to edit the client’s diagnosis. If any Contract or Title XIX records have been submitted with the current diagnosis, STARS will not allow the edit.
3. The “Delete” button will delete the client’s diagnosis. If any Contract or Title XIX records have been submitted with the current diagnosis, STARS will not allow the delete.
4. The “Cancel” button will take users back to the “Client Search” screen.

MH DSM Diagnosis Detail Screen

https://apps.sd.gov/?UID=jilawadpjybbzmjz1rufoy161648280 - MainMenu Frameset - Windows Internet Explorer provided by State of

DH94 STARS
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General Info | **MH** | **ADA I** | **ADA II**

MH Adm/Dis Info | MH Pgm Trftr | **MH DSM Diag** | MH Impact/Info | Impact Quarterly Rpt | Life Self-Assessment

Unique ID: [] Local ID: 20526929 First Name: [] MI: [] Last Name: []
MH: Adm Date: 5/9/2011 ADA: Adm Date: [] Provider: Southeastern Behavioral Healthcare

Client's MH: DSM Diagnosis Record(s)

Start Date
05/09/2011

Axis I (a) DSM Diagnosis: 296.40 Axis I (b) DSM Diagnosis: []
Axis II (a) DSM Diagnosis: [] Axis II (b) DSM Diagnosis: []

Screening Results for Co-Occurring Issues
Unknown

Mental Health Status
☒ Adult with SPMI
☐ Non-SPMI and Non-SED
☐ Evaluation Status/Unknown
☐ Child with SED
☐ Transitional status/SED and SPMI

Show History Save Cancel

1. The start date must be greater than or equal to any other diagnosis end date.
2. Either Axis I (a) or Axis II (a) must contain a diagnosis.
3. Only **ONE** of the “Mental Health Status” boxes can be checked.
 - a. Adults with SPMI
 - b. Non-SPMI and Non-SED
 - c. Evaluation Status/Unknown –this field is used if a Community Mental Health Center is evaluating an individual to determine SPMI/SED eligibility.
 - d. Child with SED
 - e. Transitional status/SED and SPMI –this field is used if a client is between the ages of 18-21 and is in the process of transferring from SED to CARE Program Services.
4. When the mental health status is entered as “Evaluation Status/Unknown”, an Axis I (a) (b) or Axis II (a) (b) is **NOT** required. “Evaluation Status/Unknown” can only be used for 30 days past the original start date of services. The client will then need to be changed to another appropriate mental health status, with an appropriate diagnosis being added.

5. The “Save” button will save the new diagnosis code entered and create a new record for the client. Diagnosis codes entered will be verified against a common database of diagnosis codes before saving.
6. The “Cancel” button will take the user back to the “Client Search” screen.

When the mental health status is “Adult with SPMI”, “Child with SED”, or “Transitional status/SED and SPMI” then at least one of the Axis I(a) or Axis II(a) text boxes must list one of the following diagnosis codes:

Mandatory Code Options for Axis I (a) DSM Diagnosis:

291.2	291.3	291.5	291.89	292.11	292.12	292.84
292.89	293.0	293.81	293.82	293.83	293.84	294.11
295.10	295.20	295.30	295.40	295.60	295.70	295.90
296.00	296.01	296.02	296.03	296.04	296.05	296.06
296.20	296.21	296.22	296.23	296.24	296.25	296.26
296.30	296.31	296.32	296.33	296.34	296.35	296.36
296.40	296.41	296.42	296.43	296.44	296.45	296.46
296.50	296.51	296.52	296.53	296.54	296.55	296.56
296.60	296.61	296.62	296.63	296.64	296.65	296.66
296.7	296.80	296.89	296.90	297.1	297.3	298.8
298.9	299.80	300.00	300.01	300.02	300.11	300.14
300.15	300.21	300.22	300.23	300.29	300.3	300.4
300.7	300.81	300.82	301.13	307.1	307.23	307.50
307.51	307.80	307.89	308.3	309.0	309.21	309.24
309.28	309.3	309.4	309.81	310.1	311.	312.30
312.34	312.81	312.82	312.89	312.9	313.23	313.81
313.89	314.00	314.01	314.9			

Mandatory Code Options for Axis II (a) DSM Diagnosis:

301.0	301.20	301.22	301.83	301.4
-------	--------	--------	--------	-------

When the mental health status is “Non-SPMI/Non-SED” then at least one of the Axis I (a) or Axis II (a) text boxes must list a mandatory code listed below:

Mandatory Code Options for Axis I (a) DSM Diagnosis:

290.4	290.41	290.42	290.43	291.0	291.1	291.2
291.3	291.5	291.89	291.9	292.11	292.12	292.81
292.82	292.83	292.84	292.9	293.0	293.04	293.81
293.82	293.83	294.84	293.89	294.0	294.10	294.11
294.8	294.9	295.10	295.20	295.30	295.40	295.60
295.70	295.90	296.00	296.01	296.02	296.03	296.05
296.06	296.20	296.21	296.22	296.23	296.24	296.25
296.26	296.30	296.31	296.32	296.33	296.34	296.35

296.36	296.40	296.41	296.42	296.43	296.44	296.45
296.46	296.50	296.51	296.52	296.53	296.54	296.66
296.7	296.80	296.89	296.90	297.1	297.3	298.8
298.8	299.00	299.10	299.80	300.00	300.01	300.02
300.11	300.12	300.13	300.14	300.15	300.16	300.19
300.21	300.22	300.23	300.29	300.3	300.4	300.6
300.7	300.81	300.82	301.13	307.0	307.1	307.21
307.22	307.3	307.42	307.44	307.45	307.46	307.47
307.50	307.51	307.52	307.53	307.59	307.6	307.7
307.80	307.89	307.9	308.3	309.0	309.21	309.24
309.28	309.3	309.4	309.81	309.9	310.1	311.
312.30	312.31	312.32	312.33	312.34	312.39	312.81
312.82	312.89	312.9	313.23	313.81	313.89	313.9
314.00	314.01	314.9	315.00	315.1	315.2	315.31
315.32	315.39	315.4	315.9	307.20	307.23	347
780.54	780.59	780.9	787.6			

Mandatory Code Options for Axis II (a) DSM Diagnosis:

301.0	301.20	301.22	301.4	301.50	301.6	301.7
301.81	301.82	301.83	301.9			

DSM Valid Codes Section:

Axis I DSM Diagnosis Codes:

315.00	315.1	315.2	315.9	315.4	315.31	315.32
315.39	307.0	307.9	299.00	299.80	299.10	314.01
314.00	314.9	312.81	312.82	312.89	313.81	312.9
307.52	317.53	307.59	307.23	307.22	307.21	307.20
787.6	307.7	307.6	309.21	313.23	313.89	307.3
313.9	293.0	780.09	294.10	294.11	290.40	290.41
290.42	290.43	294.8	294.0	294.9	293.89	310.1
293.9	303.90	305.00	303.00	291.81	291.0	291.2
291.1	291.5	291.3	291.89	291.9	304.40	305.70
292.89	292.0	292.81	292.11	292.12	292.84	292.9
305.90	304.30	305.20	304.20	305.60	304.50	305.30
304.60	292.82	305.1	304.00	305.50	304.10	305.40
292.83	304.80	304.90	295.30	295.10	295.20	295.90
295.60	295.40	295.70	297.1	298.8	297.3	293.81
293.82	298.9	296.20	296.21	296.22	296.23	296.24
296.25	296.26	296.30	296.31	296.32	296.33	296.34
296.35	296.36	296.00	296.01	296.02	296.03	296.04
296.05	296.06	296.40	296.41	296.42	296.43	296.44
296.45	296.46	296.50	296.51	296.52	296.53	296.54
296.55	296.56	296.60	296.61	296.62	296.63	296.64

296.65	296.66	296.7	296.89	301.13	296.80	293.83
296.90	300.4	311	300.11	300.21	300.22	300.29
300.23	300.3	309.81	308.30	300.02	293.84	300.00
300.81	300.82	300.11	307.80	307.89	300.7	300.16
300.19	300.12	300.14	300.6	300.15	302.71	302.79
302.72	302.73	302.74	302.75	302.76	306.51	625.8
608.89	307.84	625.0	302.70	302.4	302.81	302.89
302.2	302.83	302.84	302.3	302.82	302.9	302.6
302.85	302.6	302.9	307.1	307.51	307.50	307.42
307.44	347	780.59	307.45	307.47	307.46	780.52
780.54	780.59	312.34	312.32	312.33	312.31	312.39
312.30	309.0	309.24	309.28	309.3	309.4	309.9
V61.9	V61.20	V61.8	V62.81	V61.21	V61.12	V62.83
V15.81	V65.2	V71.01	V71.02	780.9	V62.82	V62.3
V62.2	313.83	V62.4	300.9	V71.09	799.9	V61.10

Axis II DSM Diagnosis Codes:

317	318.0	318.1	318.2	319	301.0	301.20
301.22	301.7	301.83	301.50	301.81	301.82	301.6
301.4	301.9	316	332.1	332.92	333.7	333.99
333.82	333.1	333.90	995.2	V62.89		

MH IMPACT

https://apps.sd.gov/?UID=jilawadpjbzwmzmz1ruf91057958 - MainMenu Frameset - Windows Internet Explorer provided by State of

DH94 STARS
Production

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MH: Waiting List
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General Info **MH** **ADA I** **ADA II**

MH Adm/Dis Info MH Pgm Trftr MH DSM Diag **MH Impact/Info** Impact Quarterly Rpt Life Self-Assessment

Unique ID: Local ID: First Name: MI: Last Name: MH: Adm Date: 5/9/2011 ADA: Adm Date: Provider: Southeastern Behavioral Healthcare

Client's MH: Impact Record(s)

Approval Date	End Date	Source Of Payment
4/6/2010	7/30/2010	Contract
6/3/2011		Contract

Cancel

This is a view only screen for providers. The screen will report the start date, end date, and source of payment for IMPACT services

- The “Cancel” button will return users to the “Client Search” screen.

Part 6

ADA I

ADA Admission Information Screen

MainMenu: Framework: Windows Internet Explorer provided by State of South Dakota

ADA Adm Info

Unique ID: [] Level ID: [] First Name: [] MI: [] Last Name: []
 MBI Adm Date: 4/4/2013 ADA Adm Date: [] Provider: Behavioral Management System

General Info

Date: [] Time: [] Co-Dependent: [] *ROR* [] Revoked ROR: [] Revoked Date: []

ASAM Level of Care/Specific Page: [] # of Days Waiting to Enter Treatment: []

Program: [] Dis Date: [] Primary Health Ins: [] Source of Payment: []

Referral: [] Detailed Criminal Justice Referral: [] Satellite Location: []

Adolescent Living Arrangement: [] Source of Income: [] Marital Status: []

Veteran Status: [] Education Level: [] Emp/Unemp Status: [] Not in Labor Force: [] Emp/Unemp Length: []

Did client attend a self help or support group 30 days prior to admission: []

Mental Health

Does client have a psychiatric problem in addition to Gambling or Alcohol or Drug use problem? []

Psychiatric/Mental Health Problems (Mark all that apply)

- ☐ Adjustment Disorders
- ☐ Anxiety Disorders (Panic disorder, phobias, obsessive compulsive disorders, post traumatic stress disorders)
- ☐ Attention-deficit and disruptive behavior disorders
- ☐ Bipolar Disorders
- ☐ Dementia
- ☐ Depressive Disorders (Suicidal ideation attempts)
- ☐ Dissociative Disorders (Amnesia, Depersonalization)
- ☐ Eating Disorders
- ☐ Fetal Alcohol Effects
- ☐ Fetal Alcohol Syndrome Disorder
- ☐ Grief/Truism
- ☐ Hypersensitivity Disorder
- ☐ Impulse Control Disorders (Intermittent Explosive Disorder)
- ☐ Learning Disorders
- ☐ Personality Disorders (Antisocial, Avoidant, Narcissistic, Borderline, Paranoid, Schizoid, Dependent)
- ☐ Physical and/or Emotional Abuse
- ☐ Schizophrenia and Other Psychotic Disorders
- ☐ Sexual Abuse or Sexual Assault
- ☐ Sleep Disorders

Substance Abuse Information

Number of Prior Substance Abuse Treatment Episodes: []

Optimal Replacement Therapy: []

Primary Drug Information

Primary Route of Administration: [] Primary Frequency: [] Primary Age of First Use: []

Primary Drug DSM Diagnosis: []

Secondary Drug Information

Secondary Route of Administration: [] Secondary Frequency: [] Secondary Age of First Use: []

Secondary Drug DSM Diagnosis: []

Tertiary Drug Information

Tertiary Route of Administration: [] Tertiary Frequency: [] Tertiary Age of First Use: []

Tertiary Drug DSM Diagnosis: []

Gambling Information

Gambling Diagnosis: [] # of Prior Gambling Treatment Episodes: []

Most Amt Ever Won: \$0.00 Most Amt Ever Lost: \$0.00 Current Gambling Related Debt: \$0.00

Primary Gambling Type: [] Primary Frequency: [] Primary Age of First Episode: []

Secondary Gambling Type: [] Secondary Frequency: [] Secondary Age of First Episode: []

Tertiary Gambling Type: [] Tertiary Frequency: [] Tertiary Age of First Episode: []

Legal History Information

Number of Times Arrested 30 Days Prior to Admission: [] Number of DUIs in the Past 10 Years: []

Currently on Parole Status: Probationary Sentence

Convictions in the past 10 Years:

- ☐ Assault
- ☐ Disorderly Conduct
- ☐ Minor in Consumption
- ☐ Shoplifting
- ☐ Breaching & Entering
- ☐ Falsified C.A.
- ☐ Party Theft
- ☐ Trespass
- ☐ Burglary
- ☐ Grand Theft
- ☐ Persecution
- ☐ Vandalism
- ☐ Chain
- ☐ Grand Theft Auto
- ☐ Public Intoxication
- ☐ Other
- ☐ Confine/Violation
- ☐ Hit and Run
- ☐ Battery
- ☐ Destruction of Property
- ☐ Signature of a controlled substance
- ☐ Battery

Show History [] Print [] Pending [] Save [] Cancel []

ADA Admission Information Screen

Accessing the ADA Admission Information Screen

1. Enter an existing client's unique ID on the "Client Search" screen. Highlight the client record and click on the "Most Recent" button which will open up the "Client Info" screen. Click on the "ADA I" tab at the top of the page and select the "ADA Admin Info".

OR

2. If adding a new client, follow the Adding a New Client steps starting on page 29.

ADA Information Screen

General Instructions for Completing the ADA Admission Record Screen

When Co-Dependent is "Yes"

The screenshot shows the DH94 STARS ADA Admission Information Screen. The interface includes a sidebar with navigation options like Client Search, Medicaid Exmpt, Providers, Unique ID Mod, Unique ID Merge, Transfers(284), System Message, Support Tables, Utilities, Administration, Reports, About, and Close. The main area is divided into tabs: General Info, MH, ADA I, and ADA II. Under the ADA I tab, there are sub-tabs for ADA Adm Info, ADA Trsf Srv Ltr, ADA Discharge Info, and ADA Disch Ltr. The ADA Adm Info sub-tab is active, showing fields for Unique ID, Local ID, First Name, Last Name, MH Adm Date (4/6/2013), ADA Adm Date, and Provider (Behavior Management System). A red banner indicates 'Client's ADA: Admission Record(s) - PENDING'. Below this, there are fields for Date, Time, Co-Dependent (Yes), *ROI* (checked), Revoked ROI, and Revoked Date. The ASAM Level of Care/Specific Pgm is highlighted in light blue. Other fields include Pregnant, Due Date, Primary Health Ins, Source of Payment, Referral, Detailed Criminal Justice Referral, Satellite Location, Adult Living Arrangement, Adolescent Living Arrangement, Source of Income, Marital Status, Veteran Status, Education Level, Emp/UnEmp Status, Not in Labor Force, and Emp/UnEmp Length. A checkbox for 'Did client attend a self-help or support group 30 days prior to admission:' is also present.

Note: Co-Dependent services are non-billable.

1. The "Date" will be entered by the system, but can be changed to match the correct date of admission. "Time" can be added manually by the provider.
2. When "Co-Dependent" is "Yes", the person is defined as having no alcohol or drug problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user. In addition, the system will enter the ASAM level of Care as "0.5 Co-Dependent treatment only".
3. The "ROI" box will need to be checked if the payment source is either: Tile XIX or Contract.
4. The light blue highlighted fields must be completed for a co-dependent client.

- Click on the “Save” button after the fields have been completed to save the record.

When Co-Dependent is “No”

The screenshot shows the DH94 STARS system interface. The 'ADA I' tab is selected. The form contains the following fields and sections:

- General Info:** Unique ID, Local ID, First Name, MI, Last Name.
- ADA Adm Info:** MH Adm Date (4/6/2013), ADA Adm Date, Provider (Behavior Management System).
- Client's ADA: Admission Record(s) - PENDING** (Red banner).
- ASAM Level of Care/Specific Pgm:** Dropdown menu.
- # of Days Waiting to Enter Treatment:** Text field.
- Pregnant:** Dropdown menu.
- Due Date:** Text field.
- Primary Health Ins:** Dropdown menu.
- Source of Payment:** Dropdown menu.
- Referral:** Dropdown menu.
- Detailed Criminal Justice Referral:** Dropdown menu.
- Satellite Location:** Dropdown menu.
- Adult Living Arrangement:** Dropdown menu.
- Adolescent Living Arrangement:** Dropdown menu.
- Source of Income:** Dropdown menu.
- Marital Status:** Dropdown menu.
- Veteran Status:** Dropdown menu (No).
- Education Level:** Dropdown menu.
- Emp/UnEmp Status:** Dropdown menu.
- Not in Labor Force:** Dropdown menu.
- Emp/UnEmp Length:** Dropdown menu.
- Did client attend a self-help or support group 30 days prior to admission:** Dropdown menu.

- The “Date” will be entered by the provider. The “Time” can be entered manually as an optional field.
- When “Co-Dependent” is “No”, the person is defined as being admitted for treatment because of his/her own drug or alcohol problem.
- The “ROI” box will need to be checked if the payment source is Title XIX or Contract. The **ROI cannot be unchecked** after Title XIX or Contract records have been submitted to the Division of Behavioral Health. To revoke an ROI, the client’s source of payment must be either “Self Pay” or “Private Pay”.
- Enter the “ASAM level of Care/Specific Program” other than “0.5-Co-Dependent treatment only” and the light blue highlighted fields must be completed.
- Enter the actual number in “# of Days Waiting to Enter Treatment” field.
- The “Pregnant” and “Due Date” fields will only be enabled for a female client. Enter the estimated due date in the following format: mm/dd/yyyy.
- The “Source of Payment” field is a more specific breakdown of funding sources required for federal reporting.
- When the “Referral” field is a court/criminal justice referral, the “Detailed Criminal Justice Referral” field is also required to be completed. **When the client is receiving services as a result of a DWI/DUI, select this category from the drop down list and not an attorney, etc.**

9. The “Satellite Location” field is for an agency that has more than one location. The provider will be able to identify which location the client is being seen at. This is an optional field.
10. The “Adult and Adolescent Living Arrangement” fields will be enabled depending on the client’s birth date listed on the “Client Information” screen. Clients 17 and under are classified as adolescents for reporting purposes.
11. Complete the “Source of Income”, “Marital Status”, and “Veteran Status” fields from the dropdown boxes provided on the screen.
12. Enter the client’s last year of education completed in the “Education Level” field. If the client obtains their GED, enter 12.
13. When completing the “Emp/UnEmp Status” field and “Not in Labor Force” is selected from the dropdown box, another response will be required in the “Not in Labor Force” dropdown field. In this dropdown, select the appropriate response that matches the client’s status. The above example does not require this response.
14. In responding to the “Emp/UnEmp Length” field, enter the appropriate length of time the client has been either employed or unemployed.
15. Complete the field “Did client attend a self-help or support group 30 days prior to admission” by marking either “Yes” or “No” **This is a required field in order to save the record.**

ADA Mental Health

Mental Health

Does client have a psychiatric problem in addition to Gambling or Alcohol or Drug use problem? ▼

Psychiatric/Mental Health Problems (Mark all that apply)

- ☐ Adjustment Disorders
- ☐ Anxiety Disorders (Panic disorder, phobias, obsessive compulsive disorders, post traumatic stress disorders)
- ☐ Attention-deficit and disruptive behavior disorders
- ☐ Bipolar Disorders
- ☐ Dementia
- ☐ Depressive Disorders (Suicidal ideation/attempts)
- ☐ Dissociative Disorders (Amnesia, Depersonalization)
- ☐ Eating Disorders
- ☐ Fetal Alcohol Effects
- ☐ Fetal Alcohol Syndrome Disorder
- ☐ Grief Issues
- ☐ Hyper-Activity Disorder
- ☐ Impulse-Control Disorders (Intermittent Explosive Disorder)
- ☐ Learning Disorders
- ☐ Personality Disorders (Antisocial, Avoidant, Narcissistic, Borderline, Paranoid, Schizoid, Dependent)
- ☐ Physical and/or Emotional Abuse
- ☐ Schizophrenia and Other Psychotic Disorders
- ☐ Sexual Abuse or Sexual Assault
- ☐ Sleep Disorders

If “Yes”: If the client is identified with a psychiatric problem in addition to a gambling or alcohol/drug use problem, choose “Yes” on the dropdown box. **At least one of the check boxes will need to be marked.**

If “No” or “Unknown”: No responses should be marked in the check boxes.

Substance Abuse Information

1. Begin by entering the “Number of Prior Substance Abuse Treatment Episodes” from the selections listed in the dropdown field.
2. If the client will be receiving Methadone, LAAM, or another Opioid replacement therapy as part of the client’s treatment, the response should be “Yes” in the Opioid Replacement Therapy field.
3. In the “Secondary and Tertiary Drug Information” dropdown fields: When a response other than “None” is selected, a choice is required other than “Not Applicable” in the fields of “Route”, “Frequency”, “Age” and “DSM Diagnosis”. The “Primary Drug DSM Diagnosis” must to be completed prior to completing the “Secondary” or “Tertiary” information.
4. The “Substance Abuse Information” screen allows for up to six DSM diagnoses to be collected. If a deferred diagnosis is selected as the “Primary Drug DSM Diagnosis”, this will have to be updated to a specific alcohol/drug diagnosis within 30 days from admission. This is necessary for reporting Contract and Non-Contract units. The DSM fields of four, five and six can be listed in the “Other DSM Diagnosis” fields for agency collection information, but these fields are not required for reporting to the Division.
5. **In the case where a client does not have an alcohol or drug diagnosis, but rather only a gambling diagnosis, the “Substance Abuse Information” screen does not need to be completed.**

Gambling Information

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Gambling Information

Gambling Diagnosis: # of Prior Gambling Treatment Episodes:

Most Amt Ever Won: \$0.00 Most Amt Ever Lost: \$0.00 Current Gambling Related Debt: \$0.00

Primary Gaming Type: Primary Frequency: Primary Age of First Episode:

Secondary Gaming Type: Secondary Frequency: Secondary Age of First Episode:

Tertiary Gaming Type: Tertiary Frequency: Tertiary Age of First Episode:

1. The “Gambling Information” screen needs to be completed whenever a client is assessed as having a DSM Pathological Gambling diagnosis. **If the client is without this diagnosis, the “Gambling Information” screen does not need to be completed and the fields will be listed as “Not Applicable”.**
2. Begin by entering the “Gambling Diagnosis” and number of “Prior Gambling Treatment Episodes” in their respective fields.
3. If “Pathological Gambling” is identified in the “Gambling Diagnosis” field, which in the above example it did not, then a response is required in the “Most Amt Ever Won”, “Most Amt Ever Lost”, “Current Gambling Related Debt”, “Primary Gaming Type”, “Primary Frequency”, and “Primary Age of First Episode” fields.
4. The “Gaming Types” field will allow up to three different gaming types a client may be involved in.

Legal History Information

Legal History Information

Number of Times Arrested 30 Days Prior to Admission: Number of DUIs in the Past 10 Years:

☐ Currently on Parole Status/ Penitentiary Inmate

Convictions in the past 10 Years:

<input type="checkbox"/> Assault	<input type="checkbox"/> Disorderly Conduct	<input type="checkbox"/> Minor in Consumption	<input type="checkbox"/> Shoplifting
<input type="checkbox"/> Breaking & Entering	<input type="checkbox"/> Failed U.A.	<input type="checkbox"/> Petty Theft	<input type="checkbox"/> Truancy
<input type="checkbox"/> Burglary	<input type="checkbox"/> Grand Theft	<input type="checkbox"/> Possession	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Chins	<input type="checkbox"/> Grand Theft Auto	<input type="checkbox"/> Public Intoxication	<input type="checkbox"/> Other
<input type="checkbox"/> Curfew Violation	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Robbery	
<input type="checkbox"/> Destruction of Property	<input type="checkbox"/> Ingestion of a controlled substance	<input type="checkbox"/> Runaway	

Show History Print Pending Save Cancel

125%

1. Complete the “Legal History Information” screen as it applies to the client. **The fields “Number of Times Arrested 30 days Prior to Admission” and “Number of DUIs in the Past 10 Years” need to be completed to save the record.**
2. **If a client is on parole or a penitentiary inmate, mark the box that applies to this status.** This box does not pertain to clients who are on probation status.
3. Enter the “Number of Times Arrested 30 Days Prior to Admission” for treatment.
4. When all information on the “ADA Admission Information” screen has been entered correctly, click on the “Save” button located on the bottom of the screen.
5. The “Print” button will print the client’s admission information.
6. The “Pending” button will allow saving a partial admission record without going through the edit checks.
7. The “Cancel” button will take the user back to the “Client Search” screen.
8. **After 90 days from the admission date, changes to the admission record cannot be made by the provider and will require assistance from the Division of Behavioral Health.**

ADA Transfer Service Level Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS
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General Info		MH		ADA I		ADA II	
ADA Adm Info		ADA Trsfr Srv Lvl		ADA Discharge Info		ADA Disch Ltr	
Unique ID:	345806101985FJI	Local ID:	07-0182	First Name:	Amanda	MI:	
MH: Adm Date:		ADA: Adm Date:	6/4/2007	Provider:	Bartels Counseling Services Inc.		
Last Name: Anderberg							

Client's ADA: Service Level Record(s)

TEDSAdmAction	Adm Sent	TEDSDisAction	Dis Sent	Transfer Type	TEDs Req	DisReasID	
	N	A	Y	Discharge Record	Y	197	I
A	Y		N	(A)Admission	Y	0	II

1. The "Add" button will open the "ADA Transfer Service Level" screen.
2. To delete a transferred record, click the "Delete" button. If the client has a discharge record for the current admission, the deletion will not occur.
3. The "Cancel" button will return the user to the "Client Search" screen.

ADA Transfer Service Level Detail Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

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General Info		MH	ADA I	ADA II
ADA Adm Info		ADA Trsf Srv Lvl	ADA Discharge Info	ADA Disch Ltr
Unique ID:	602907201964FSH	Local ID:	542440	First Name: MI: Last Name:
MH: Adm Date:		ADA: Adm Date:	11/30/2005	Provider: Avera McKennan Hospital - Behavior Health Services
Client's ADA: Service Level Record(s)				
Previous's ASAM Level of Care/Specific Pgm Info				
Date	End Date	ASAM Level of Care/Specific Pgm		
11/30/2005	01/28/2014	I.O - Outpatient treatment - individual or group counseling		
ASAM Level of Care/Specific Pgm Info				
Begin Date:	Transfer ASAM Level of Care/Specific Pgm:			# of Days Waiting to Enter Treatment:
01/28/2014				0
Pregnant	Primary Health Ins:	Source of Payment:		
No	Private Insurance	Private Pay		
Referral	Detailed Criminal Justice Referral	Living Arrangement		
Medical Physician	Not Applicable	Independent Living		
Source of Income:	Marital Status	Emp/UnEmp Status	Not in Labor Force	
Wages/Salary	Divorced	Full-Time	Not Applicable	
Did client attend a self-help or support group 30 days prior to admission:				
Mental Health				
Does client have a psychiatric problem in addition to Gambling or Alcohol or Drug use problem?				Yes
Substance Abuse Information				
Oxidant Reagent Therapy				

1. To add a new record, click the "Add" button as pictured on page 72. The screen above will appear and will bring forward information listed on the "ADA Admission Information" screen. If a discharge record already exists for a client's admission, either a new admission record will need to be established or the discharge record for that particular admission needs to be deleted to complete a transfer.
2. Enter the actual mm/dd/yyyy of the client's last day of service in the "End Date" field.

ADA Discharge Information Screen

To access the “ADA Discharge Information” screen from the “Client Search” screen the following steps are required:

1. Enter an existing client unique ID or name on the “Client Search” screen and click on the “Search” button to locate an existing record. If a record exists, highlight the client record and click on “Most Recent” button, which will open up the “Client Information” screen.
2. On the top menu bar of the “Client Information” screen, click on the “ADA I” tab and select the “ADA Discharge Info” tab; the above screen will open up. If the “Income Eligibility” and an “ADA Admission Information” screen have not been completed, this tab will be disabled.

General Information Regarding the ADA Discharge Information Screen

When a client completes treatment services at an agency and no further treatment services will be provided by that agency, the “ADA Discharge Information” screen must be completed. The “ADA Discharge Information” screen is not required if the client is being transferred between treatment levels within the agency. In these instances, the “ADA Transfer Service Level” screen should be completed. Discharge information will be required later when the client is discharged from the agency.

ADA Discharge Information Screen

To add discharge information, complete the following steps:

1. Enter the "Last Treatment Date". "Time" is an optional field.
2. If the "Co-Dependent" status hasn't changed since admission, then enter the same response indicated on the admission record.
3. The "Living Arrangement at Discharge" dropdown box has been reduced to three categories, enter the most fitting one.
4. The "Reason Discharged" dropdown box has multiple selections and only one response is required.
5. Enter the "Emp/UnEmp Status at Discharge" from the selections listed in the dropdown menu. Complete "Not in Labor Force" if the client is not employed.
6. Enter the Number of Times Arrested 30 Days Prior to Discharge or since Admission if less than 30 days.
7. Respond "Yes" or "No" to "Did client attend a self-help or support group 30 days prior to discharge or since admission?"

ADA Discharge Information Screen

8. Drugs listed in the “ADA Admission Information” screen indicating “Primary”, “Secondary” or “Tertiary” fields will transfer to the “ADA” Discharge Information” screen listed above. The “Frequency” will need to be updated for each drug that is listed. If the field is not completed on the “ADA Admission Information” screen, then the above field will be listed as “Not Applicable”.
9. When a “Pathological Gambling” diagnosis is identified on the “ADA Admission Information” screen in the “Gambling Diagnosis” field, a “Gambling Frequency” response is required at the time of discharge.

ADA Discharge Information Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

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General Info	MH	ADA I	ADA II
ADA Adm Info	ADA Trsfr Srv Lvl	ADA Discharge Info	ADA Disch Ltr

Unique ID: 602907201964FSH Local ID: 542440 First Name: MI: Last Name:

MH: Adm Date: ADA: Adm Date: 11/30/2005 Provider: Avera McKennan Hospital - Behavior Health Services

Client's ADA: Discharge Record

Referrals:

<input type="checkbox"/> Alcohol & Drug Provider	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Medical Physician	<input type="checkbox"/> Circuit Court 1
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> Attorney	<input type="checkbox"/> Public Health Nurse	<input type="checkbox"/> Circuit Court 2
<input type="checkbox"/> Other Mental Health Provider	<input type="checkbox"/> Parolee Services	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Circuit Court 3
<input type="checkbox"/> Department of Corrections	<input type="checkbox"/> Other	<input type="checkbox"/> Veterans Administration	<input type="checkbox"/> Circuit Court 4
<input type="checkbox"/> Corrections based substance abuse pgms	<input type="checkbox"/> Clergy	<input type="checkbox"/> AA/Alanon/Alateen	<input type="checkbox"/> Circuit Court 5
<input type="checkbox"/> Division of Alcohol & Drug Abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Gamblers Anonymous	<input type="checkbox"/> Circuit Court 6
<input type="checkbox"/> Other Social Services	<input type="checkbox"/> Employer	<input type="checkbox"/> Narcotics Anonymous	<input type="checkbox"/> Circuit Court 7
<input type="checkbox"/> Department of Social Services	<input type="checkbox"/> School	<input type="checkbox"/> Vocational Rehabilitation	
<input type="checkbox"/> Bureau of Indian Affairs	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> No Referral Made	

Explain "Other" Referral when checked above:

ADA Provider Referred to at Discharge: ADA Satellite Referred to at Discharge:

Recommended Out of State Provider: State:

ASAM Level of Care/Specific Pgm Referred to at Discharge:

Transfer Client Info Transfer Admission Info

Show History Print Delete Save Cancel

- Under the "Referrals" field, mark areas that apply to the client. When being referred to an "Alcohol & Drug Provider" at the time of discharge, the ADA provider the client is being referred to will need to be identified. There are two options to choose from:
 - Identify the provider from the "ADA Provider Referred to at Discharge" dropdown list.
 - Or
 - If the agency is out of State, type the agency name in the "Recommended Out of State Provider" field and enter the State from the "State" dropdown list.
- The "ADA Satellite Referred to at Discharge" is an optional field for completion.
- Choose the "ASAM Level of Care/Specific Pgm Referred to at Discharge" from the drop down list before the record can be saved.
- Click on the "Save" button to save the record.
- To delete the record, click on the "Delete" button, and the system will bring up an alert to verify the deletion. Click on "Yes" to finalize the deletion or "No" to maintain the record.
- The "Cancel" button will return the user to the "Client Search" screen.

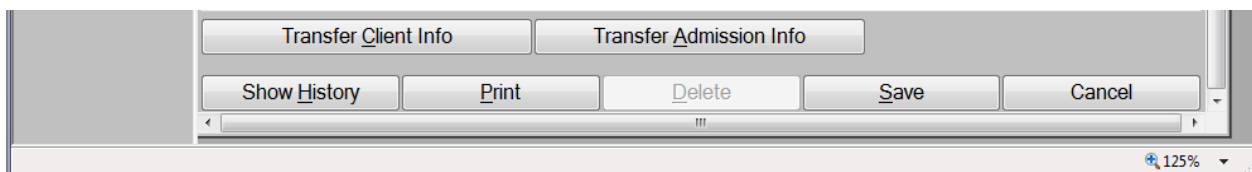
7. The “Delete” and “Transfer” buttons will be enabled based on assigned user security.
8. **Note: If the “Referral” is marked as “Alcohol & Drug Provider,” the field “ADA Provider Referred to at Discharge” must be completed from the list of accredited providers. If the provider is not on the list, mark “Other” in the “Referrals” field before the record can be saved. The field “ADA Provider Referred to at Discharge” can be left blank.**
9. When “Other” is checked, the user will need to explain this type of referral in the text field.

General Information Regarding the Transfer of Client Information

Information obtained on the “Client Information” screen, and “ADA Admission Information” screen can be transferred to another program from the “ADA Discharge Information” screen. **Client discharge records cannot be transferred.** Prior to transferring this information to another provider, a release of information is required to be signed by the client in order to be in compliance with 42 C.F.R. Part 2.

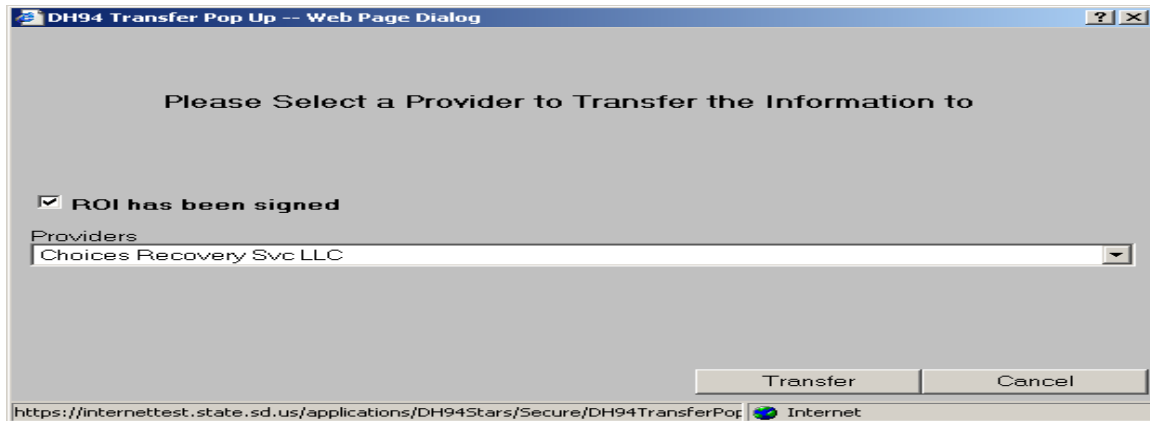
To transfer a client record from the “ADA Discharge Information” screen, the following steps are required: **Only users with Provider Administration permission levels can transfer records.**

1. Enter an existing client’s Unique ID or name on the “Client Search” screen and click the “Search” button to locate an existing record. If a record exists, highlight the client record and click on the “Most Recent” button which opens up the “Client Information” screen.
2. On the top menu bar under the “ADA I” tab, click on the “ADA Discharge Info” tab which opens the “ADA Discharge Information” screen. **If the client does not have a completed “Income Eligibility” and “ADA Admission Information” screen, this tab will be disabled.**

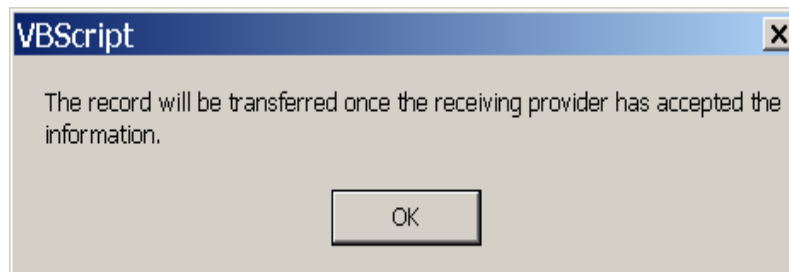


3. Scroll down to the bottom of the page and select either the “Transfer Client Info” or “Transfer Admission Info” button. Only one record at a time can be transferred.
4. The “Print” button will print the discharge screen.

ADA Transfer Pop-Up



1. After clicking on the particular record to be transferred, the “ADA Transfer Pop-Up” screen will appear asking for confirmation if a release of information has been signed. A list of providers to select from will also be available.
2. Once the release of information and selected provider has been completed, click on the “Transfer” button to transfer the record or the “Cancel” button to return to the “Discharge Information” screen. When the “Transfer” button is selected, the below pop-up message will appear indicating that the record will be transferred once the receiving agency has accepted the information. Click on the “OK” button to complete the transfer process. The system will return to the “ADA Discharge Information” screen, and the “Cancel” button will return to the “Client Search” screen.



3. When attempting to transfer an admission record to a provider who already has an open admission record for this same client, a pop-up message will appear on the screen which reads “Provider already has an open Admission Record. Cannot Transfer”, Click on the “OK” button to return to the “ADA Discharge Information” screen.
4. If attempting to transfer either client Information” or “ADA Admission Information” that was previously sent to this same provider, a pop-up message will appear stating “Provider already has the Client Record”. Click on the “OK” button to cancel the transfer and return to the “ADA Discharge Information” screen.
5. When transferring an “ADA Admission Information” record to a provider who does not have either the “Client Information” or the “ADA Admission Information” record, , both records will be transferred to the provider even though only the “Transfer Admission Information” button was selected. This is due to system requirements that call for all clients entered into STARS to have a “Client Information” record. Only the selected record will be transferred when the “Transfer Client Information” button is selected.

Part 7

ADA II

Assessment

Beginning September 1, 2013 all assessments completed by accredited agencies must include the Assessment Criteria listed in the following pages. Agencies may use any assessment tool or format they choose so long as it includes all of the Assessment Criteria.

Agencies must share assessment information with other providers as individuals move through different levels of care. When a client is assessed as requiring a more or less intensive level of care, each provider must facilitate the client's placement and have written procedures for ensuring communication of relevant clinical information directly to the new provider.

The assessment process should include various avenues to obtain the necessary clinical information, including structured clinical interviews, self-assessment instruments, clinical records, assessment measures, and retrospective data including previous evaluations, discharge summaries, etc. Rather than using one method for evaluation, assessments should include multiple sources of information to obtain a broad perspective of the client's history, level of functioning and impairment, and degree of distress. In addition, information included in the assessment should be verified through collateral contacts such as family, friends, previous treatments, other providers, and other official records (with client's permission) when possible.

In situations where an assessment was recently completed by another provider, that assessment can be used to meet the assessment criteria; however, an update should also be included that notes any areas that have changed since the original assessment. The file would need to include both a copy of the previous assessment and the update conducted by the current provider.

Assessment is an ongoing process that should be repeated over time in recognition of the changing nature of the individual's status and of the disorders. For the purposes of both clinical and program evaluation, ongoing assessment should be conducted to consider new issues that arise such as continued use, changes in living arrangements, employment, etc.

Individuals must be determined financially eligible for state funded services, through Means Testing, before assessments or assessment updates can be billed to the Division.

For information on billing assessments refer to your contract, contract attachments, and billing appendix.

Criteria for Behavioral Health Assessments

Assessments: A staff member shall meet with the client and the client's family if appropriate, to complete an integrated initial assessment, within 30 days of intake. The integrated initial assessment shall include both functional and diagnostic components. For mental health services for children under 18 years of age, the mental health staff must obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian must participate in the initial assessment. The initial assessment shall include the following components:

- (1) Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
- (2) Presenting problems or issues that indicate a need for services;
- (3) Identification of readiness for change for problem areas, including motivation and supports for making such changes;
- (4) Relevant treatment history, including attention to previous mental health and substance abuse/gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;
- (5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;
- (6) Family and relationship issues along with social needs;
- (7) Educational history and needs;
- (8) Legal issues;
- (9) Living environment or housing;
- (10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
- (11) Past or current indications of trauma, domestic violence, or both if applicable;
- (12) Vocational and financial history and needs;
- (13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;
- (14) Formulation of a diagnosis per DSM-IV, including documentation of co-occurring medical, developmental disability, mental health, substance abuse, or gambling issues or a combination of these based on integrated screening;
- (15) Eligibility determination, including ASAM level of care determination for substance abuse services and/or;
- (16) Eligibility determination, including documentation regarding sufficient information to determine SMI or SED for mental health services;
- (17) GAF score or current level of functioning;

- (18) Clinician's signature, credentials, and date; and
- (19) Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or the formulation of the initial diagnosis in cases where the staff does not have the education and training to make a diagnosis.

ADA Continued Stay Review Screen

The screenshot shows a web application window titled "MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota". The application is "DH94 STARS" and is in "TEST" mode. On the left is a navigation menu with "Actions" including "Client Search", "Medicaid Exmpt", "Providers", "Unique ID Mod", "Unique ID Merge", "Transfers(284)", "System Message", "Support Tables", "Utilities", "Administration", "Reports", "About", and "Close". The main area has a tabbed interface with four tabs: "General Info", "MH", "ADA I", and "ADA II". Under "ADA II", there are two sub-tabs: "ADA Pgm Elig" and "ADA Cont Stay Rvw", with the latter being selected. The "ADA Cont Stay Rvw" tab displays a form with fields for "Unique ID:" (602907201964FSH), "Local ID:" (542440), "First Name:", "MI:", "Last Name:", "MH: Adm Date:", "ADA: Adm Date:" (11/30/2005), and "Provider:" (Avera McKennan Hospital - Behavior Health Services). Below this is a section titled "Client's ADA: Continued Service Review Record(s)" containing a table with columns: "Submitted to DHS", "Date", "ASAM Level of Care/Specific Program", "Begin Rvw Date", "End Rvw Date", and "Date of". The table is currently empty. At the bottom of the form are buttons for "Add", "Edit", "Delete", "Update", "Print", and "Cancel". The window's status bar shows "125%" zoom.

To access the “ADA Continued Stay Review” screen from the “Client Search” screen, the following steps are required:

1. On the top menu bar on the “Client Information” screen, click on the “ADA II” tab and then the “ADA Cont Stay Rvw” tab which will open up the “ADA Continued Stay Review” Screen.” **If a client has not yet had an Income Eligibility and ADA Admission Information record completed, this tab will be disabled.**
2. The “ADA Cont Stay Rvw” screen will open up by either double clicking on a client’s continued stay record, highlighting the record and clicking on the “Edit” or “Add” button.
3. The “Update” button will copy a previously selected “ADA Continued Stay Review” record that is listed on the screen. Once the copy is completed, the document can be updated and saved for the current review period.
4. The “Print” button allows the user to print the selected “ADA Continued Stay Review” record.

Continued Stay Review Detail Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

**DH94
STARS**
TEST
Actions
[Client Search](#)
[Medicaid Exmpt](#)
[Providers](#)
[Unique ID Mod](#)
[Unique ID Merge](#)
[Transfers\(284\)](#)
[System Message](#)
[Support Tables](#)
[Utilities](#)
[Administration](#)
[Reports](#)
[About](#)
[Close](#)

General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List

Unique ID: 602907201964FSH Local ID: 542440 First Name: MI: Last Name:
MH: Adm Date: ADA: Adm Date: 11/30/2005 Provider: Avera McKennan Hospital - Behavior Health Services
Client's ADA: Continued Service Review Record(s)
Date: 01/28/2014 Begin Rvw Dtm: End Rvw Dtm: Next Review Dtm: Expected Discharge Dtm: Division Notified Dtm:
☒ *Allow Edit
ASAM Level of Care/Specific Pgm: Satellite Location:

It is appropriate to retain the patient at the present level of care if:
☐ Yes ☐ No ☐ NA The patient is making progress, but has not yet achieved the goals, articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;
or
☐ Yes ☐ No ☐ NA The patient is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;
or
☐ Yes ☐ No ☐ NA New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the patient's new problems can be addressed effectively.

Dimension I: Acute Intoxication and Withdrawal
Current Status: Remaining: 5000
Rationale for Continued Stay: Remaining: 5000
Plan: Remaining: 5000

5. The required fields to save the record are: “Date”, “Begin Review Date”, “End Review Date”, “Expected Discharge Date”, and “ASAM Level of Care/Specific Program”.

[Transfers\(284\)](#)
[System Message](#)
[Support Tables](#)
[Utilities](#)
[Administration](#)
[Reports](#)
[About](#)
[Close](#)

It is appropriate to retain the patient at the present level of care if:

☐ Yes ☐ No ☐ NA The patient is making progress, but has not yet achieved the goals, articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;
or
☐ Yes ☐ No ☐ NA The patient is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;
or
☐ Yes ☐ No ☐ NA New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the patient's new problems can be addressed effectively.

6. In order to click on the “Notify Division” button at the bottom of the screen, one of the “Yes” boxes must be checked under “It is appropriate to retain the patient at the present level of care”.

Reports About Close	Dimension I: Acute Intoxication and Withdrawal Current Status: Remaining: 5000
	Rationale for Continued Stay: Remaining: 5000
	Plan: Remaining: 5000

7. Also, in order to click on the “Notify Division” button, the following fields must be completed in at least one Dimension: “Current Status”, “Rationale for Continued Stay”, and “Plan”. The “Total Counseling Hours for Group/Individual/Family for this Review Period” must be between 1 and 100 hours. Documentation must be present in the following areas: “Group Participation”, “Family Participation”, “Clinical Impression” and “Counselor/Credentials”.

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS
TEST

Actions
 Client Search
 Medicaid Exmpt
 Providers
 Unique ID Mod
 Unique ID Merge
 Transfers(284)
 System Message
 Support Tables
 Utilities
 Administration
 Reports
 About
 Close

General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List
Unique ID: 602907201964FSH	Local ID: 542440	First Name:	MI: Last Name:
MH: Adm Date:	ADA: Adm Date: 11/30/2005	Provider: Avera McKennan Hospital - Behavior Health Services	
Client's ADA: Continued Service Review Record(s)			
Plan:		Remaining: 5000	
Group Participation:		Total Counseling Hours for Group/Individual/Family for this Review Period: Remaining: 5000	
Family Participation:		Remaining: 5000	
Clinical Impression:		Remaining: 5000	
Counselor/Credentials:		Supervising Counselor/Credentials:	
<div> Check Spelling Print Notify Division Save Cancel </div>			

125%

Note - If the counselor’s credentials are “CDCT” (Trainee) or Addiction Counselor Trainee (ACT), the supervising counselor’s credentials are required.

Continued Stay Review Detail Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS
TEST

Actions
Client Search
Medicaid Exmpt
Providers
Unique ID Mod
Unique ID Merge
Transfers(284)
System Message
Support Tables
Utilities
Administration
Reports
About
Close

General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List
Unique ID: 602907201964FSH	Local ID: 542440	First Name:	MI: Last Name:
MH: Adm Date:	ADA: Adm Date: 11/30/2005	Provider: Avera McKennan Hospital - Behavior Health Services	
Client's ADA: Continued Service Review Record(s)			
Plan:		Remaining: 5000	
Group Participation:		Total Counseling Hours for Group/Individual/Family for this Review Period: Remaining: 5000	
Family Participation:		Remaining: 5000	
Clinical Impression:		Remaining: 5000	
Counselor/Credentials:		Supervising Counselor/Credentials:	
<div>Check Spelling Print Notify Division Save Cancel</div>			

125%

5. The “Notify Division” button will verify if all required fields are filled in correctly before sending an email notification to the Division of Behavioral Health. After the Division has been notified, the provider will no longer be able to edit the record.
6. Depending on user security level, a deletion of a record can occur if it has not been previously sent to the Division of Behavioral Health.
7. To save the information, click on the “Save” button.
8. The “Cancel” button will return the user to the “ADA Continued Stay Review” screen.
9. The “Print” button will print all of the “ADA Continued Stay Review” information.

ADA Program Eligibility Screen

The screenshot shows a web application window titled "MainMenu Frameset - Windows Internet Explorer provided by State of S". The URL in the address bar is "https://apps.sd.gov/?UID=txmm43mylam2up4pvej30kg39756466". The application has a sidebar on the left with the "DH94 STARS" logo and a "Production" label. Below this is an "Actions" menu with options: "Client Search", "MH: Impact", "MH: Util. Rvw", "Medicaid Exmpt Providers", "Unique ID Mod", "Unique ID Merge Transfers(249)", "System Message", "Support Tables", "Utilities", "Administration", "Reports", "About", and "Close". The main content area has a top navigation bar with tabs: "General Info", "MH", "ADA I", and "ADA II". Under the "ADA II" tab, there are sub-tabs: "ADA TNA", "ADA Cont Stay Rvw", "ADA Pgm Elig" (which is selected and highlighted in blue), and "ADA Wait List". The "ADA Pgm Elig" sub-tab contains a form with fields for "Unique ID:", "Local ID:", "First Name:", "MI:", "Last Name:", "MH: Adm Date:", "ADA: Adm Date:", and "Provider:". Below these fields is a section titled "Client's ADA: Program Eligibility Information" which contains a table with columns: "Referral Recieved Date", "Div Rec: Placement Provider", "Div Rec: ASAM Lvl of Care/Specific Pgm", and "Approval Date". The table is currently empty. At the bottom of the form are four buttons: "Add", "Edit", "Delete", and "Cancel". The bottom right corner of the window shows a zoom level of "125%".

Note: The “ADA Program Eligibility” screen and “ADA Program Eligibility” detail screen are provider view only screens. The above tab will only be enabled after the approval form and other required documentation needed for inpatient treatment has been submitted to the Division of Behavioral Health.

To access the “ADA Program Eligibility” screen, click on the “ADA Pgm Elg” tab located under the ADA II top menu bar. To view eligibility status, double click on a specific record. The “ADA Program Eligibility” screen will open and allow the user to determine the status of the client’s eligibility for inpatient residential services, where the services will be provided, and the payment source.

Only State Administration Staff can add, edit, delete, or cancel a record.

- The “Add” button opens the “ADA Program Eligibility” screen to add a client’s program eligibility information.
- The “Edit” button opens the client’s “ADA Program Eligibility” detail screen to edit their program eligibility information.
- The “Delete” button deletes a client’s program eligibility information.
- The “Cancel” button takes the user back to the “Client Search” screen.

ADA Program Eligibility Detail Screen

https://apps.sd.gov/?UID=txmm43mylam2up4pvej30kg39756466 - MainMenu Frameset - Windows Internet Explorer provided by State of S

DH94 STARS
Production
Actions
Client Search
MH: Impact
MH: Util. Rvw
Medicaid Exmpt Providers
Unique ID Mod
Unique ID Merge Transfers(249)
System Message
Support Tables
Utilities
Administration
Reports
About
Close

General Info **MH** **ADA I** **ADA II**
ADA TNA ADA Cont Stay Rvw **ADA Pgm Elig** ADA Wait List

Unique ID: Local ID: First Name: MI: Last Name:
MH: Adm Date: ADA: Adm Date: Provider:
Client's ADA: Program Eligibility Information
Program Eligibility
Referral Received Date: Status:
Pregnant EDD
Release of Information Proof of Income Managed Care Card
Doctor's Letter Received Date of Dr's Letter: Doctor's Name:
Court Order Type: Circuit Court: Court Order Date:
JCA/CSO:
Comments for Incomplete Documentation:
Provider Recommended ASAM Level of Care/Specific Pgm:
Provider Recommended Placement Provider:
Funding Source: Div Approval Date: Div Approval End Date: Div Approval By:
Div Not Approved Date: Reason for Denial:
125%

The following are instructions for the Division of Behavioral Health.

Required fields to complete for all clients' requesting funding:

- Prior to receiving approval for funding and placement of clients for alcohol and drug services, the "Income Eligibility" screen will need to be completed. A release of information and other required documentation will need to be either faxed to the Division of Behavioral Health at (605) 773-7076 or emailed to DCBH TNA Notifications <DSS.DCBHTNANotifications@state.sd.us>.

"Referral Received Date" field:

- This refers to the date the request for approval was sent to the Division. Dates must be entered with 6 digits. *Example: A client approved for services December 12, 2004. Type the date digits: 121204 and tab – the information will be reformatted to look like 12/12/2004.*

“Status” dropdown box:

- “Active” indicates the client has been approved for services. **Providers:** *scroll down to the bottom of the screen to view the recommended provider for services, when the client was approved, level of care, and the funding source.*
- “Hold” indicates the Division of Behavioral Health has received the request for placement, but more information is need. **Providers:** *Review “Comments for Incomplete Documentation”.*
- “Denied” indicates the client requesting services does not meet criteria. **Providers:** *Please contact the Division of Behavioral Health at (605)773-3123 if there are questions.*
- “Withdraw” indicates the request has been withdrawn by the requesting provider or by the Division of Behavioral Health.

“Release of Information” checkbox:

- The release of information (ROI) is to be signed and sent to the Division of Behavioral Health. The ROI allows the Division to discuss the client with the referring agency. The checkbox labeled “Release of Information” will be checked when the ROI has been received by the Division.

“Proof of Income” checkbox:

- The Division will review the “Income Eligibility” and “Hardship/Administrative Review” screens prior to approval. Once the client’s income eligibility has been reviewed, the checkbox along the left side of the field labeled “Proof of Income” will be checked.

Required Documents for Title XIX Funding:

- A copy of a doctor’s letter: The letter must state the client is recommended to receive substance abuse services. ***Alternative to the rule: a copy of a Managed Care card, which fulfills the doctor’s letter requirement.***

OR

- Court Order: The court order must state the client is recommended to obtain an alcohol and drug assessment and follow the recommendations of the assessment or a court order which places the client into the custody of another state entity, such as the Department of Social Services or Department of Corrections.

For Pregnant Women Approvals:

- A letter signed by a medical doctor which verifies the client’s pregnancy and estimated due date.

The above mentioned items will need to be either faxed to the Division of Behavioral Health at (605) 773-7076 or emailed to DCBH TNA Notifications

DSS.DCBHTNANotifications@state.sd.us. Once received by the Division, staff will complete the required fields below:

“Managed Care Card” checkbox:

- Indicates the Division has received a copy of the Managed Care card.

“Doctor’s Letter Received” checkbox:

- Indicates the Division has received a copy of the doctor’s letter.

“Date of Doctor’s letter” field:

- Indicates the date the doctor signed the letter.

“Doctor’s Name” field:

- Indicates the name of the doctor making the referral as well as the doctor’s credentials.

“Court Order Type” field:

- Indicate the type of court order the client is to follow. *Examples: Order of Adjudication, Adjudicatory Order, and Order of Commitment to DOC, Interim Order, and Order of Probation etc.*

“Circuit Court” dropdown box:

- Select the circuit court which has jurisdiction over the client and is listed on the court order.

“Court Order Date” field:

- Indicates the date the court order was signed by the judge and filed. ***Note for Division Staff: If the court order was filed on a date later than when the judge signed it, then place the date of filing in this field.***

ADA Program Eligibility Detail Screen (continued)

https://apps.sd.gov/?UID=txmm43mylam2up4pvej30kg39756466 - MainMenu Frameset - Windows Internet Explorer provided by State of S

DH94 STARS
Production

Actions
Client Search
MH: Impact
MH: Util. Rvw
Medicaid Exmpt
Providers
Unique ID Mod
Unique ID Merge
Transfers(249)
System Message
Support Tables
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Administration

General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List

Unique ID: Local ID: First Name: MI: Last Name:

MH: Adm Date: ADA: Adm Date: Provider:

Client's ADA: Program Eligibility Information

[Program Eligibility](#)

Comments for Incomplete Documentation:

Provider Recommended ASAM Level of Care/Specific Pgm:

Provider Recommended Placement Provider

“Comments for Incomplete Documentation” field:

- If the Division does not have all the required documents, a message will be written here about the needed documentation prior to approving the client for services.

“Provider Recommended ASAM Level of Care/Specific Program” dropdown box:

- Division staff will make a selection based on recommendations from the referring agency.

“Provider Recommended Placement Provider” dropdown box:

- Division staff will make a selection based on recommendations from the referring agency.

ADA Program Eligibility Detail Screen (continued)

System Message
Support Tables
Utilities
Administration
Reports
About
Close

Funding Source: [dropdown] Div Approval Date: [text] Div Approval End Date: [text] Div Approval By: [text]
Div Not Approved Date: [text] Reason for Denial: [text]
Comments: [text area]
Date T-19 Approved: [text] Begin Date: [text] End Date: [text] Units Approved: [dropdown] Client Medicaid #: [text] Prior Authorization: [text]
Delays in T-19 Approval: [text area]
Print Transfer Save Cancel

“Funding Source” dropdown box:

- Division staff will select the appropriate funding source.

“Division Approval Date” field:

- Indicates the date the Division approved funding for services.

“Division Approval End Date” field:

- Indicates the date the Division approved funding to end for services.

“Division Approval By” field:

- The name of the Division staff that approved the client for services. This will be populated automatically.

“Division Not Approved Date” field:

- Indicates the date funding for services was denied.

“Reason for Denial” field:

- Indicates the reason for the denial.

“Comments” field:

- The Division will indicate any additional comments here.

“Date T-19 approved” field:

- Indicates the Title XIX authorization and the date the authorization was approved.

“Begin Date” field:

- Indicates the day the client’s Title XIX authorization begins or the date the service begins.

“End Date” field:

- Indicates the day the client’s T-19 Title XIX authorization ends or the date the service ends.

“Units Approved” dropdown box:

- Select the number of units the client has been approved for Title XIX funding.

“Client Medicaid #” field:

- The client’s Medicaid number will be pulled from the “Client Information” screen.

“Prior Authorization” field:

- Indicates the prior authorization number used by providers to bill Medicaid for the services they have provided.

“Delays in T-19 Approval” field:

- Reasons as to why Title XIX funding has not been authorized will be indicated here.

“Print” button:

- The “Print” button will allow the provider to print the “ADA Program Eligibility” detail screen.

“Transfer” button:

- The “Transfer” button will send client’s information and the “ADA Program Eligibility” screen to the facility that will be providing services to the client.

“Save” button:

- Clicking on the “Save” button will save the client’s program eligibility information.

“Cancel” button:

- Clicking the “Cancel” button will take the user back to the “ADA Program Eligibility” screen. If the information entered on this screen is not saved prior to hitting cancel, the user will lose the information that was placed on this screen.

ADA Waiting List Screen

To be used for IV drug users and pregnant clients

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

DH94 STARS TEST

Actions

- Client Search
- Medicaid Exempt Providers
- Unique ID Mod
- Unique ID Merge
- Transfers(284)
- System Message
- Support Tables
- Utilities
- Administration
- Reports
- About
- Close

General Info **MH** **ADA I** **ADA II**

ADA TNA ADA Cont Stay Rvw ADA Pgm Elig **ADA Wait List**

Unique ID: Local ID: First Name: MI: Last Name:

MH: Adm Date: ADA: Adm Date: 4/23/2013 Provider: Bartels Counseling Services Inc.

Client's ADA: Waiting List Record(s)

Date Added	Date Removed From Waiting List	Reason for Leaving
------------	--------------------------------	--------------------

Add Edit Delete Cancel

125%

Note: As required by Contract Attachment, interim services must be made available to the individual no later than 48 hours from the initial screening. This information will be reported in STARS under the “ADA Wait List” screen. The maximum amount of days a client may remain on the waiting list is 120 Days. If a client is to remain on the waiting list longer than 120 days, please contact the Division of Behavioral Health at (605) 773-3123

1. The “ADA Waiting List” screen can only be accessed after a client has been entered into the “Client Search” screen and the “Client Information” screen has been completed.
2. To enter a new record: click on the “Add” button which will open the “ADA Waiting List” detail screen.
3. To edit an existing record, highlight the record and click on the “Edit” button, which will open up the “ADA Waiting List” detail screen. Make the necessary changes and click on the “Save” button to save the information.
4. To delete an existing record, highlight the record and click on the “Delete” button. A system prompt will ask, “Are you sure you want to delete?” Click the “Yes” button to delete the record.
5. The “Cancel” button will return the user to the “Client Search” screen.
6. The “Add”, “Edit”, and “Delete” buttons will be enabled based on assigned user security level.

ADA Waiting List Detail Screen

MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota

General Info	MH	ADA I	ADA II
ADA TNA	ADA Cont Stay Rvw	ADA Pgm Elig	ADA Wait List

Unique ID: 777810081985MDE Local ID: 13-0144 First Name: Jacob MI: Last Name: Bauman
MH: Adm Date: ADA: Adm Date: 4/23/2013 Provider: Bartels Counseling Services Inc.

Client's ADA: Waiting List Record(s)

Date Added to Waiting List: Date Removed From Waiting List: # of Dependant Children:

Client Classification:

Primary Interim Services Being Provided:

Secondary Interim Services Being Provided:

Tertiary Interim Services Being Provided:

Reason for Leaving:

ASAM Level of Care/Specific Pgm:

Placement Provider Placement Satellite Location:

Recommended Out of State Provider: State:

Save Cancel

1. **To add a record to the waiting list:** Complete the “Date Added to Waiting List” field and one or more of the interim services being provided to the client while on the waiting list.
2. **To remove a record from the waiting list:** After the client enters the appropriate services, complete the following dropdown boxes: “Reason for Leaving”, “ASAM Level of Care/Specific Program”, and “Placement Provider”. Click on the “Save” button to save the record.
3. If an out of state provider is being referred, type the name of that provider into the “Recommended Out of State Provider” field and identify the “State” in the dropdown list.
4. The “Cancel” button will return the user to the “ADA Waiting List” screen.

Part 8

Utilities

Batch Load Screen

https://apps.sd.gov/?UID=jilawadpjbzbzmwmjnz1rufy113325592 - MainMenu Frameset - Windows Internet Explorer provided by State of

DH94 STARS

Production

Actions
Support Tables
Utilities
BatchLoad
Export
Unit Reporting
User Dictionary
User Dict Opt
Reports
About
Close

Batch Load Screen

Providers: Southeastern Behavioral Healthcare Search

Browse...

Upload

Rec Type	Unique ID	Error Description
----------	-----------	-------------------

File Format Print Delete Delete All Cancel

125%

1. The “Batch Load” screen can be accessed under “Utilities” on the left hand side menu. This screen allows providers to batch load client information in STARS rather than directly entering the data.
2. The “File Format” button will provide the format for files to be uploaded into STARS.
3. To batch load client information, click the “Browse...” button and select the correct file.
4. Once the correct file is in the text box next to the “Browse...” button, click the “Upload” button.
5. If there are any files that contain errors or are missing information, STARS will not upload the file. The files will not be saved until corrections are made.
6. The “Delete” button will delete a selected record found to have errors.
7. The “Delete All” button will delete all records found to have errors.
8. The “Cancel” button will return the user to the main STARS start up page.

Export Screen

https://apps.sd.gov/?UID=jilawadpiybbzmwmz1rufey113325592 - MainMenu Frameset - Windows Internet Explorer provided by State of

DH94 STARS
Production

Actions
Support Tables
Utilities
BatchLoad
Export
Unit Reporting
User Dictionary
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Close

Export Screen

Providers: Southeastern Behavioral Healthcare

Client(s) Claim(s)
Income Info Service(s)
ADA Admission(s) MH Admission(s)
ADA Discharge(s) MH Transfer(s)
ADA Counselor(s) MH Discharge(s)
ADA Transfer(s) MH Diagnosis(s)
MH Waiting List Info

File Format Cancel

125%

The “Export Screen” exports information from STARS into the provider’s own system or program.

1. Selecting the “File Format” button will allow the provider to see what format the files can be exported in and what information each field being exported contains.
2. The “Client(s)” button will export the entire client file, which includes all information that is found on the “Client Information” screen.
3. The “Claim(s)” and “Service(s)” buttons will provide information on claims and services submitted.
4. The “ADA Admission(s)”, “MH Admission(s)”, “ADA Discharge(s),” and “MH Discharge(s)” buttons will export files specifically related to admissions and discharges.
5. The “ADA Counselor(s)” button provides the name, email and credentials of any ADA counselors listed in STARS
6. The “MH Diagnosis(s)” button will provide diagnosis information on all clients listed in STARS.

7. The “ADA Transfer(s)” button will export all clients transferred, the location transferred, and the client discharge reasons.
8. The “MH Waiting List Info” button will export all client information from the “Waiting List” screen.
9. The “Cancel” button will return the user to the main STARS page.

Non-Contract Unit Reporting

DH94 STARS TEST

Actions
Support Tables
Utilities
BatchLoad
Contract Billing
Yr End Cntrct Adj
Export
Auditors Export
Fiscal Approval
Process Billing
Prov Debt Pymt
Unit Reporting
User Dictionary
User Dict Opt
Administration
Reports
About
Close

NON - CONTRACT Unit Reporting (Click Here to Clear Search Criteria)

Providers: Human Services Center Adult Chemical Dependency Treatment Program - Gateway

Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First Name:

Unique ID: Local ID: Last Name: First Name:

File to upload: Browse... Upload File Format

Unique ID	LocalID	Units Prov. From	U. Prov. To	#Units	CPT/Modifier(s)	Error Msg
-----------	---------	------------------	-------------	--------	-----------------	-----------

Show History Add Edit Delete Delete ALL Batch Report Print Submit Cancel

Note: As required by Contact Attachment, the provider shall report both contract and non-contract units for treatment services electronically in the Division’s Statewide Treatment Activity Reporting System (STARS). Non-contract units include those units not billable through a contract with the Division. Contract units include units billed to Medicaid.

1. The “Non-Contract Unit Reporting” screen can be accessed under the “Utilities” menu titled “Unit Reporting”.
2. Non-contract units are considered units not billed to the Division of Behavioral Health or the Department of Social Services through Title XIX.
3. To search for a client, select the provider’s name in the “Providers” dropdown box and click on the “Search” button.
4. To add units: click on the “Add” button on the bottom of the screen which will open up the “Non-Contract Unit Reporting” detail screen.
5. To delete a record, highlight the record and click on the “Delete” button. A “Confirm Delete” box will appear. Clicking “Yes” will delete the record; clicking “No” will leave the record as it is.

6. To delete ALL records, click on the “Delete ALL” button. A “Confirm Delete” box will appear. Clicking “Yes” will delete all the records listed; clicking “No” will leave all records as is.
7. The “Batch Report” button will open a screen containing a summary report of non-contract units submitted.
8. When finished editing or deleting files, click on the “Submit” button to submit additions or changes.

Non-Contract Unit Reporting Detail Screen

The screenshot shows a web application window titled "MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota". The application is for "DH94 STARS" and is in "TEST" mode. The main heading is "NON - CONTRACT Unit Reporting For: ROADS Outpatient Treatment".

On the left is a sidebar menu with the following items: Actions, Support Tables, Utilities, BatchLoad, Contract Billing, Yr End Cntrct Adj, Export, Auditors Export, Fiscal Approval, Process Billing, Prov Debt Pymt, **Unit Reporting**, User Dictionary, User Dict Opt, Administration, Reports, About, and Close. "Unit Reporting" is highlighted in purple.

The main form area contains the following fields and controls:

- Record Function: A dropdown menu set to "Add Original".
- Original Service Ref ID: A text input field.
- Last 4 of SSN: A text input field.
- DOB: A text input field.
- Sex: A dropdown menu.
- First 2 Characters of Mother First Name: A text input field.
- Local ID: A text input field.
- Last Name: A text input field.
- First Name: A text input field.
- A "Find Client" button.
- Units Provided From: A date field set to "12/01/2013".
- Units Provided To: A date field set to "12/31/2013".
- # of Units: A text input field.
- CPT/Modifier: A text input field.
- Place of Service: A dropdown menu.
- At the bottom are three buttons: "Save/Repeat", "Save", and "Cancel".

The browser window shows a zoom level of 125%.

1. The required fields for adding a new record include:
 - a. Client Unique ID: "Last 4 of SSN", "DOB", "Sex" and "First 2 Characters of Mother First Name".
 - b. Dates of Service ("Units Provided From" and "Units Provided To"). The current reporting month will be the default. Dates can be changed if needed. **Note: If a client received services in two different months, each month will need to be reported separately.**
 - c. "# of Units"
 - d. "CPT Modifier" **Note: Only one code can be reported at a time.**
 - e. "Place of Service"
2. The "Save/Repeat" button will save the record and will only clear out the CPT/modifiers and unit fields allowing another entry for the same client. The "Save/Repeat" button is only available when adding a new record.
3. The "Save" button will save the record. It will stay on this screen, clearing out all fields, to enter another entry for the same client or a different client.
4. The "Cancel" button will take the user back to the "Non-Contract Unit Reporting" screen.

Non-Contract Unit Reporting Screen with Error Message

DH94 STARS TEST

NON - CONTRACT Unit Reporting (Click Here to Clear Search Criteria)

Providers: **ROADS Outpatient Treatment**

Last 4 of SSN: DOB: Sex: First 2 Characters of Mother First Name:

Unique ID: Records Search

Local ID: Display first 500 ☒ display all ☐

Last Name: First Name: File to upload: Browse... Upload File Format

Unique ID	LocalID	Units Prov. From	U. Prov. To	#Units	CPT/Modifier(s)	Error Msg
000305171963MEL		11/6/2012	11/6/2012	10	H0001 _ _ _ _	Client information not found - check unique id
002503031966FMA	DD20120019	3/1/2012	3/29/2012	150	H0015 _ _ _ _	Valid Admission record not found
002503031966FMA	DD20120019	4/2/2012	4/5/2012	40	H0015 _ _ _ _	Valid Admission record not found
002503031966FMA	DD20120019	4/11/2012	4/18/2012	16	H0005 _ _ _ _	Valid Admission record not found
002503031966FMA	DD20120019	5/2/2012	5/16/2012	24	H0005 _ _ _ _	Valid Admission record not found
002503031966FMA	DD20120019	2/22/2012	2/29/2012	50	H0015 _ _ _ _	Valid Admission record not found
008609281988FTR		2/10/2012	2/10/2012	10	H0001 _ _ _ _	Client information not found - check unique id
013009041986MEU	GC20110019	3/1/2011	3/17/2011	10	H0004 _ _ _ _	Valid Admission record not found
013107051986FMA	DD20120019	4/1/2012	4/1/2012	10	H0001 _ _ _ _	Valid Income record not found

Show History Add Edit Delete Delete ALL Batch Report Print Submit Cancel

9. **Error Message:** Once the non-contract unit records have been submitted, a series of edit checks will be performed to check for errors. Records that have errors will remain on the “Non-Contract Units Reporting” screen with an error message describing the error. The user can click on the “Edit” button to edit and resubmit the record.
10. The “Cancel” button will take the user back to the main STARS screen.
11. The “File Format” button will open a Microsoft Excel spreadsheet with the file layout for batch loading the non-contract units into STARS.
12. **To Batch Load Files:** Click on the “Browse” button to locate the file to be uploaded. Click on the “Upload” button to upload the non-contract units into STARS. Once uploaded, the non-contract unit records will show on the “Non-Contract Unit Reporting” screen.
13. Click on the “Submit” button to submit the records.

Part 9

Reports

Contract Remittance Advice Viewing

















MainMenu Frameset - Windows Internet Explorer provided by State of South Dakota


DH94 STARS
TEST
Actions
Support Tables
Utilities
Administration
Reports
About
Close

DH94Stars Report Menu - [appstest.sd.gov]

Report Group:

DH94Stars Fiscal Reports

View	Name	Description
	Accrual Report	Accrual Report - This report should be run with in a state fiscal year 7/1/xx - . Providers please note that this report will not mean much to you.
	Claims Waiting To Be Processed Report	Claims Waiting To Be Processed Report
	Client Expenditures	Client Expenditures by Unique ID and Service
	Contract Remittance Advice	Contract Remittance Advice
	Contract Utilization	Contract Utilization
	Expenditure Summary Report by Paid Date	Report listing expenditures for Division selected
	Expenditure Summary Report by Service Start Date	Report listing expenditure by Service Start date.
	Expenditures for Gambling Clients by Paid Date	Expenditures for Gambling Clients By County, Age Range, and Race by Paid Date
	Expenditures for Gambling Clients by Service Start Date	Expenditures for Gambling Clients By County, Age Range, and Race by Service Start Date
	Expenditures for Pregnant Women... by Paid Date	Expenditures for Pregnant Women or Women with Dependant Children By County, Age Range, and Race by Paid Date
	Expenditures for Pregnant Women...by Service Start Date	Expenditures for Pregnant Women or Women with Dependant Children By County, Age Range, and Race by Service Start Date
	Income Records Due	Income Records Due
	Net Income By Range	Counts of Individuals that have been admitted (ADA) during the selected time period within the entered income range. Gender and ASAM level selection is also required.
	Number of Clients Served	Number of Clients Served By Funding Source and Services
	Parolee Report by Paid Date	Report listing services provided to parolee's by Paid Date by provider and service, totals for client, service, provider and Grand Totals.
	Parolee Report by Service Start Date	Report listing services provided to parolee's by Service Start Date by provider and service, totals for client, service, provider and Grand Totals.
	Parolee Contract Remittance	Parolee Contract Remittance

1. Click on "Reports" under the "Action" menu on the left hand side of the screen.
2. In the dropdown box select "DH94STARS Fiscal Reports".
3. Click on the  icon next to the report name "Contract Remittance Advice".

Select a Provider

Providers: Bartels Counseling Services Inc.

Fiscal Year: Current Fiscal Year

Date	Doc #	Contract #	Check #	APPayDate
08/28/2013	14SC08C303130828	0852-000-303 14		
08/21/2013	14SC08C303130821	0852-000-303 14	00002046195	8/23/2013
08/07/2013	14SC08C303130807	0852-000-303 14	00002044839	8/9/2013
07/31/2013	14SC08C303130731	0852-000-303 14	00002044122	8/2/2013
07/24/2013	14SC08C303130724	0852-000-303 14	00002043303	7/26/2013
07/17/2013	14SC08C303130717	0852-000-303 14	00002042846	7/24/2013
07/10/2013	14SC08C303130710	0852-000-303 14	00002041589	7/12/2013

OK Cancel

- Double click on the contract number to review the remittance.
Note: If the “Check #” column says “NONE” followed by the contract number, no claims were paid. If the “Check #” is blank, the claims are still being processed.
- The “APPayDate” column is the date the payment was processed by STARS. The actual ACH payment should be received 7 to 14 days following the date depending upon holidays and final approval from the State Auditor for payment.

https://apps.sd.gov/businessobjects/applications/DP42BOEReportLaunch/DP42ReportDisplay.aspx?App - Windows Internet Explorer pro

DEPARTMENT OF SOCIAL SERVICES REMITTANCE ADVICE FOR CONTRACTED SERVICES									
Document #: 145C08C303140122									
Date Processed: 01/22/2014									
Billing Provider					Pay To Provider				
Bartels Consulting Services, Inc. 101 West 69th Street - Suite 100 Sioux Falls, SD 57108					Bartels Consulting Services, Inc. 101 West 69th Street - Suite 100 Sioux Falls, SD 57108				
Contract Number: 0852-000-303 14									
THE FOLLOWING ARE APPROVED ORIGINALS:									
Ref #:	140122C0000872	ID:	6372112119695MFA	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/14/2014 - 1/14/2014	CPT:H0004			Units:	4	Charged:	\$135.00	COB:	\$0.00
1/15/2014 - 1/15/2014	CPT:H0005			Units:	4	Charged:	\$50.00	COB:	\$0.00
								Paid:	\$82.25 Adj Rtn: 1122
									\$21.08 Adj Rtn: 1122
Ref #:	140122C0000868	ID:	6138111119645MSA	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/11/2014 - 1/11/2014	CPT:H0005			Units:	4	Charged:	\$50.00	COB:	\$0.00
								Paid:	\$21.08 Adj Rtn: 1122
Ref #:	140122C0000846	ID:	7778100819855MDE	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/13/2014 - 1/13/2014	CPT:H0005			Units:	4	Charged:	\$50.00	COB:	\$0.00
								Paid:	\$21.08 Adj Rtn: 1122
Ref #:	140122C0000876	ID:	874506161983FLY	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/14/2014 - 1/14/2014	CPT:H0015			Units:	18	Charged:	\$225.00	COB:	\$0.00
								Paid:	\$94.86 Adj Rtn: 1122
Ref #:	140122C0000875	ID:	797605181988FNA	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/14/2014 - 1/14/2014	CPT:H0015			Units:	18	Charged:	\$225.00	COB:	\$0.00
								Paid:	\$94.86 Adj Rtn: 1122
Ref #:	140122C0000871	ID:	190103171987FLO	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/15/2014 - 1/15/2014	CPT:H0005			Units:	4	Charged:	\$50.00	COB:	\$0.00
								Paid:	\$21.08 Adj Rtn: 1122
Ref #:	140122C0000865	ID:	9714062719885DLO	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/16/2014 - 1/16/2014	CPT:H0005			Units:	4	Charged:	\$50.00	COB:	\$0.00
								Paid:	\$21.08 Adj Rtn: 1122
Ref #:	140122C0000864	ID:	9940112519695DCA	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/14/2014 - 1/14/2014	CPT:H0004			Units:	4	Charged:	\$135.00	COB:	\$0.00
								Paid:	\$82.25 Adj Rtn: 1122
Ref #:	140122C0000859	ID:	449903231983MVT	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/15/2014 - 1/15/2014	CPT:H0005			Units:	4	Charged:	\$50.00	COB:	\$0.00
								Paid:	\$21.08 Adj Rtn: 1122
Ref #:	140122C0000850	ID:	066507181973MVT	Med #:		COB:	\$0.00	Date Pd:	01/31/2014
1/15/2014 - 1/15/2014	CPT:H0004			Units:	4	Charged:	\$135.00	COB:	\$0.00
								Paid:	\$82.28 Adj Rtn: 1122

Page 1 of 7 Remittance Advice for Contracted Services Date Printed: Monday, February 3, 2014 10:32:50AM

The user can print a copy of the remittance report, export it to another file, or simply view the report.

6. **Partial Paid Claims:** Partial paid claims will need to be reviewed and errors must be corrected. The following corrective actions may be taken:
 - Void the original claim using the reference number identified on the remittance.
 - Submit a replacement and include all the service lines including the original claim as well as the reference number of the original claim.

https://apps.sd.gov/businessobjects/applications/DP42BCIReportLaunch/DP42ReportDisplay.aspx?App - Windows Internet Explorer pro

Grand Total: \$15,416.00

THE FOLLOWING CLAIMS ARE DENIED:

UniqId	Name	MediCn	From	To	CPT/Modifier	# of Unit Chrgd Amt	Deny Reason
893961341960NCO			05-01-2013	05-31-2013	80905	30 \$242.00	Valid Adjudicate record not found
118406221856ELA			05-01-2013	05-31-2013	80905	24 \$118.56	Valid Adjudicate record not found
400505011960DCA			05-01-2013	05-31-2013	80905	12 \$58.08	Valid Adjudicate record not found
TOTAL:						\$418.24	

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Remittance Advice for Contract

Print

Print

Up

Down

16

/ 18

Left

Right

Home

2014

11:17:21AM

125%

- Denied Claims:** Denial reasons will include what needs to be corrected in STARS on the demographic module or with the information you are submitting for billing purposes.

If there are questions regarding a remittance report, please contact:

DBH Fiscal Contact: Stacy Bruels
Email: Stacy.Bruels@state.sd.us
Phone: (605)773-3123

Part 10

Supplemental Information

Gambling Admission Information

Follow the “Client Admission Information” instructions for admission requirements. However, when completing the “ADA Admission Information” screen, the “Co-Dependent” field should be “No” and the “Gambling ASAM Level/Specific Program” field should be identified. Under the “Gambling Information” section, select “Pathological Gambling” in the “Gambling Diagnosis” field. The “Substance Abuse Information” fields will be programmed as “Not Applicable”.

Client Transfer Information

Co- Dependent: If a client was identified as “co-dependent” at admission and was placed in ASAM Level 0.5 “Co-dependent Treatment Only” and then becomes a “Substance abuse client”, a new admission record needs to occur.

Substance Abuse or Gambling specific client: If the client is identified as a substance abuse client or gambling specific client and placed in an ASAM level of care other than “0.5 Co-dependent treatment only” and then becomes a “Co-dependent client”, a discharge record and new admission record needs to occur.

Gambling client to Substance Abuse client: If a client was placed in one of the gambling ASAM levels and then becomes a “substance abuse client”, a discharge record and a new admission record needs to occur. **Note: A client placed in a gambling ASAM level of care cannot be transferred to either a co-dependent ASAM treatment level or any of the non-gambling ASAM levels of treatment on the “Client Transfer” screen.**

Substance Abuse client to Gambling client: If a client was placed in a non-gambling ASAM level and then becomes solely a “Gambling Client”, a discharge record and new admission record needs to occur for this client.

Adding Gambling services to Substance Abuse client: If a substance abuse client was placed in a non-gambling ASAM level and then is identified while in that same level of treatment as having a gambling diagnosis, a new admission record is **NOT** needed. Add the additional gambling information into the admission record. **Note: The client must remain in a non-gambling ASAM level, but if the provider has a contract with the Division for gambling treatment, they may bill the appropriate gambling code.**

Alcohol and Drug Discharge Information

Discharge: When a client completes service(s) or services are terminated, the “ADA Discharge Information” screen must be completed.

Diagnosis Fields: The Primary, Secondary, and Tertiary drug codes in the “ADA Admission Information” screen will be forwarded to the discharge Primary, Secondary, and Tertiary fields. The frequency at discharge will need to be completed for substance abuse and gambling fields.

Referrals: If “Alcohol & Drug Provider” is checked, the “ADA Provider Referred to at Discharge Field” will need to list the provider or its “ADA Satellite’s location”. Also, the “ASAM Level of Care/Specific Program Referred to at Discharge” will need to be completed.

Confidentiality Rules & Information

Release of Information (ROI): The ROI allows client information to be released to the Department of Social Services, Division of Behavioral Health for processing eligibility/payment(s) and is required when the client is requesting to be funded by Title XIX or State Contract funds. If a client refuses to sign the ROI, providers will need to develop a policy on how they will address the situation.

Revocation of ROI: When client receiving State funding revokes an ROI, the provider will check the “Revoked Release of Information” check box and enter the “Revoked Date” on the admission screen.

Deletion of System Records:

Note: STARS will not allow for a deletion of a record if there are services after the admission date and before the discharge date. These services include any non-contract, contract, or Title XIX billing information.

The following information provides steps for the deletion of client files in STARS:

Procedure for Deleting a Client Information Record:

1. From the "Client Search" screen, enter the client's unique ID number to locate the client.
2. When the client record appears, highlight the record.
3. Click on the "Delete" button on the bottom menu bar.
4. A system prompt will appear asking "Are you sure you want to delete (client's name)?" Click on "Yes" to delete the client's information record.

Procedure for Deleting a Client Record that Has an Admission, Transfer, and Discharge Record:

1. On the "Client Search" screen, enter the client's unique ID number to locate the client record.
2. Highlight the record and click on the "Most Recent" button located on the bottom menu bar.
3. This will open up the "Client Information" screen. Click on the "ADA I" tab located at the top menu bar. This opens to the client's "ADA Adm Info" screen.
4. Click on the "ADA Discharge Info" tab. Highlight the discharge record and then click on the "Delete" button. .
5. A system prompt will appear asking, "Are you sure you want to delete the discharge information?" Click on "Yes" to delete the discharge record.
6. Next on the top menu bar, click on the "ADA Transfer Service Level" tab to open up the "Client's ADA Service Level" screen.
7. Highlight the top transfer record and then click on the "Delete" button.
8. A system prompt will appear asking "Are you sure you want to delete the level of service?" Click on "Yes" to delete the transfer record.
9. To delete the remaining admission information" click on the "Cancel" button on the "Client's ADA Transfer Service Level" screen. The system will return to the "Client Search" screen.
10. Re-enter the client's unique ID number to search and locate the client.
11. When the client record appears, highlight the record and click on the "ADA Adm Info" tab located on the top menu bar.
12. This will open the "ADA Admission Information" screen with the most recent admission record appearing on top.
13. Highlight the record and click on the "Delete" button located on the bottom menu bar. A system prompt will appear asking "Are you sure you want to delete the record?" Click on "Yes" to delete the admission record.
14. This will complete the procedure for deleting the admission, transfer and discharge record(s) for that particular treatment episode.

Procedure for Deleting a Client's Information, Income Eligibility, and Admission Record

1. From the "Client Search" Screen, enter the client's unique ID number to locate the client. Highlight the record.
2. Click on the "ADA I" tab and then the "ADA Adm Info" tab which will open up the "ADA Admission Information" detail screen.
3. Highlight the admission record that is to be deleted and click on the "Delete" button on the bottom menu bar.
4. A prompt will ask, "Are you sure you want to delete the record" click "Yes" to delete.
5. The "Cancel" button will return the user to the "Client Search" screen.
6. Double click on the client record which will open the "Client Information" screen.
7. Click on the "Income Eligibility" tab on the top menu bar. Highlight the record and click on the "Delete" button.
8. A prompt will ask, "Are you sure you want to delete the record" click "Yes" to delete.
9. The "Cancel" button will return the user to the "Client Search" screen.
10. When the client record appears, highlight the record and click on the "Delete" button on the bottom menu bar.
11. A system prompt will appear asking, "Are you sure you want to delete (Client's Name)?" Click on "Yes" to delete the client's information.